



ANNUAL REPORT

FOR

1969

ON THE

HEALTH AND WELFARE

AND

SCHOOL HEALTH

SERVICES

ISLE
OF
WIGHT
COUNTY
COUNCIL

R. K. MACHELL, M.B., Ch.B., D.P.H.,

*County Medical Officer, County Welfare Officer
and Principal School Medical Officer*



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Constitution of Committees

(At 31st December, 1969)

HEALTH AND WELFARE COMMITTEE

(Meets Quarterly)

Chairman: Mr. A. H. Rowland, C.A.

Vice-Chairman: Mr. E. E. Ralfs, C.A.

Mr. J. E. Blythe
Mr. J. A. Brazier, M.B.E., J.P., C.A.
Mr. L. D. Brooke
Mr. R. W. J. Cawdell
Mrs. M. Christy, C.A.
Mr. F. W. Colledge
Miss J. M. Damant, J.P.
Mr. A. Guy
Mr. G. H. King

Mr. A. G. Moody

Mrs. D. J. Peacock : died 3/11/69

Brig. C. G. Phipps, O.B.E.

Mr. J. R. Powell, J.P.

Mr. A. O. Purdy, C.A.

Mr. A. O. Saunders

Mr. R. J. Twining

Mrs. E. Wall, C.A.

Co-opted Members:

Dr. F. R. B. H. Kennedy, M.B.E., J.P. (Nominated by Local Medical Committee)

Mrs. W. H. Margham, S.R.N., S.C.M. (Nominated by Royal College of Nursing)

GENERAL PURPOSES SUB-COMMITTEE

(Meets Bi-Monthly)

Chairman: Mr. E. E. Ralfs, C.A.

Vice-Chairman: Mrs. E. Wall, C.A.

Mr. J. A. Brazier, M.B.E., J.P., C.A.

Mr. L. D. Brooke

Mr. R. W. J. Cawdell

Mr. F. W. Colledge

Miss J. M. Damant, J.P.

Mr. A. Guy

Dr. F. R. B. H. Kennedy, M.B.E., J.P.

Mr. G. H. King

Mrs. W. H. Margham, S.R.N., S.C.M.

Mr. A. G. Moody

Mrs. D. J. Peacock : died 3/11/69

Mr. A. O. Purdy, C.A.

Mr. A. H. Rowland, C.A.

Mr. R. J. Twining

MENTAL HEALTH SUB-COMMITTEE

(Meets Quarterly)

Chairman: Mr. J. A. Brazier, M.B.E., J.P., C.A.

Vice-Chairman: Mr. A. O. Saunders

Mr. J. E. Blythe

Mr. L. D. Brooke

Mrs. M. Christy, C.A.

Miss J. M. Damant, J.P.

Mr. A. Guy

Dr. F. R. B. H. Kennedy, M.B.E., J.P.

Mr. G. H. King

Mr. A. G. Moody

Brig. C. G. Phipps, O.B.E.

Mr. J. R. Powell, J.P.

Mr. E. E. Ralfs, C.A.

Mr. A. H. Rowland, C.A.

SOCIAL WELFARE SUB-COMMITTEE

(Meets Bi-Monthly)

Chairman: Mr. R. W. J. Cawdell

Vice-Chairman: Miss J. M. Damant, J.P.

Mr. J. E. Blythe

Mrs. M. Christy, C.A.

Mr. F. W. Colledge

Mrs. W. H. Margham, S.R.N., S.C.M.

Mr. A. G. Moody

Mrs. D. J. Peacock : died 3/11/69

Brig. C. G. Phipps, O.B.E.

Mr. J. R. Powell, J.P.

Mr. E. E. Ralfs, C.A.

Mr. A. H. Rowland, C.A.

Mr. A. O. Saunders

Mr. R. J. Twining

Mrs. E. Wall, C.A.

Co-opted Members:

Mr. T. W. P. Hicks

Mrs. M. J. Sinclair

EDUCATION COMMITTEE

(Meets Quarterly)

Chairman : Mrs. M. Christy, C.A.

Vice-Chairman : Mr. R. H. Smith

EDUCATION SPECIAL SERVICES SUB-COMMITTEE

(Meets Bi-Monthly)

Chairman : Wing Cdr. E. H. Roberts, O.B.E.

Vice-Chairman : Brig. S. J. H. Green, D.S.O., M.B.E.

Mr. L. D. Brooke
Mrs. M. Christy, C.A.
Mr. E. F. Jones
Mrs. G. M. Lavers
The Rev. G. Reeve

Mr. A. Reid, C.B.E.
Mr. S. S. Ross
Mr. A. H. Rowland, C.A.
Mr. R. H. Smith
Mr. B. W. Webb

STAFF

R. K. Machell, M.B., Ch.B., D.P.H. ... County Medical and Welfare Officer and
Principal School Medical Officer.
Medical Referee, I.W. Crematorium

Medical and Nursing Services

Medical Officers in Mixed Appointments—

Maureen V. Burrage, B.A., M.B., B.S., D.C.H., D.Obst., R.C.O.G. ... (Commenced 8th January, 1969)	Principal Medical Officer and Assistant Paediatrician
D. W. Quantrill, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H., D.T.M. & H., D.Obst., R.C.O.G.	Medical Officer in Department and M.O.H. to the Borough of Ryde, Sandown-Shanklin and Ventnor Urban Districts.
Alison M. Battcn, M.B., Ch.B., D.P.H.	Medical Officer in Department and M.O.H. to the Borough of Newport, Cowes Urban, and the Isle of Wight Rural Districts. Deputy Medical Ref- eree, I.W. Crematorium

H. Broadbent, M.D., M.B., Ch.B., D.Obst., R.C.O.G.	} Part-time Medical Officers in Department
B. E. Stone, M.R.C.S., L.R.C.P., D.Obst., R.C.O.G.	
D. Stone, M.R.C.S., L.R.C.P. (Commenced 18th March, 1969)	

Miss M. A. Gibbons, S.R.N., S.C.M., H.V., Q.I.D.N. (Retired 31st August, 1969)	County Nursing Officer and Superinten- dent Health Visitor
Miss M. G. Morris, S.R.N., S.C.M., H.V., Q.I.D.N. (Appointed 1st September, 1969)	Chief Nursing Officer

Dental Services

G. Simons, T.D., L.D.S.	Senior County Dental Officer and Prin- cipal School Dental Officer
W. Maden, B.D.S.	Assistant Principal School Dental Officer
J. Moore, L.D.S.	} Dental Officers
J. O. Yearby, B.D.S.	

Welfare and Mental Health Services

E. G. Bowley, F.I.S.W.	...	...	...	Chief Mental Welfare and Social Welfare Officer
M. J. Stanbrook	...	...	...	Senior Mental Welfare and Social Welfare Officer
G. A. Gould	...	...	...	} Mental Welfare and Social Welfare Officers
T. F. Cobb, C.S.W.	...	...	...
L. E. Mew, C.S.W., M.S.M.W.O.	...	...	...
Mrs. M. Turner, S.R.N., S.C.M., H.V.	...	...	...
R. J. Barton	...	...	...	Relief Mental Welfare and Social Welfare Officer
J. Adamson, R.M.N., C.C.T.B.	...	...	...	Welfare Officer for the Blind
Mrs. C. E. Richardson, N.A.M.H. Dip.	...	...	...	Supervisor—Medina House School and Medina Training Centre
Mr. H. L. Bradley	...	...	...	Workshop Manager—Medina Training Centre
Mrs. V. W. Atkins, S.E.N.	...	...	...	Matron, Osborne Cottage, York Avenue, East Cowes
Miss C. Chastney, S.E.N.	...	...	...	Matron, Polars Guest House and Home for the Blind, Staplers Road, Newport
Miss M. Fairfield, S.E.N.	...	...	...	Matron, St. Lawrence Dene Guest House, Ventnor (Commenced 20th April, 1969)
Miss M. C. Murray, S.R.N.	...	...	...	Matron, Elmdon Guest House, Highfield Road, Shanklin
Mrs. W. Pratt, S.R.N.	...	...	...	Matron, Inver House, Foreland Road, Bembridge (Commenced 1st December, 1969)
Miss E. Way, S.E.N.	Matron, Steephill Guest House, Steephill Court Road, Ventnor (Commenced 1st December, 1969) previously Matron of Inver House, Bembridge

School Health Service

Miss E. J. Horn, M.A., Dip.Ed.Psych.	...	...	...	Educational Psychologist
J. Chisnell, A.A.P.S.W.	...	...	...	Psychiatric Social Worker
Mrs. T. Lawrence	...	...	...	Senior Speech Therapist (Commenced 6th October, 1969)
Miss S. F. Cullingford, L.C.S.T.	...	...	...	Speech Therapist (Resigned 19th December, 1969)
Miss E. White, L.C.S.T.	...	...	...	Speech Therapist (Resigned 14th February, 1969)
Mrs. D. Watson, M.C.S.P.	...	...	...	Remedial Gymnast—Part-time
Miss J. A. Dodds, M.A., C.T.D., Dip. Aud.	...	...	...	Teacher for the Hearing Impaired and Audiologist
Mrs. G. Holland	...	...	...	Audiometrician—Part-time

Administration

E. E. Woodhouse	...	...	...	Administrative Officer
Mrs. E. B. Thorne	...	...	...	Home Help Organiser
W. G. Clarke	...	...	...	} Senior Assistants
B. W. Pierce	...	...	...
R. H. Williams	...	...	...
Miss B. M. Haden	...	...	...	Accounts Clerk
				Senior Clerk, Social Welfare and Mental Health Section

Consultants

E. F. Laidlaw, M.B., B.Ch.	...	...	...	Consultant Chest Physician
Gwendoline D. Knight, M.R.C.S., L.R.C.P., D.P.M.	Consultant Child Psychiatrist

Chief Fire and Ambulance Officer

A. F. S. Perks, A.M.I.F.E.	
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REPORT
on the Health, Welfare and School Health Services
in the Isle of Wight for the year 1969.

To the Chairman and Members of the Health and Welfare Committee of the Isle of Wight County Council.

Mr. Chairman, Ladies and Gentlemen,

As required by the Public Health Officers' Regulations 1959 I have the honour to present my Annual Report to the Council for the year 1969. The population of the Administrative County rose to over 102,000, the comparative birth rate was higher and the comparative death rate lower than the previous year. Of the 1,647 deaths, of which 1,307 were of persons aged 65 and over, 915 were due to coronary, cerebrovascular and other heart and circulatory disease, and 390 due to various forms of cancer, 75 being lung cancer. Thirty-eight deaths were due to accidents, and with the short sharp influenza epidemic there were more deaths, mainly in elderly people, attributed to influenza, pneumonia and bronchitis.

Understandably enough the future of the health and welfare services featured largely in the year's discussions and debates. Between them, the County Council, the Executive Council and the hospital authority can deploy a wide range of medical, nursing, social and other manpower supported by a broad spectrum of short and long-term residential and day accommodation, providing medical, social and educational diagnosis, treatment, rehabilitation, training and care. In 1969 a Co-ordination and Liaison Committee for Health Services was formed of five representatives each from the three parts of the National Health Service, and proceeded to agree the terms of reference and composition of standing professional working parties in the main divisions of health services. In view of the inseparability of the health and welfare of the individual, the working parties benefit greatly from the presence of Mr. E. G. Bowley, Chief Social Welfare Officer, and it has already been recommended that the newly appointed Director of Social Services (Designate), Miss Audrey Campbell, become a full member of the working parties. It will be of great help, particularly to the working party on child health, to have a member with wide experience of, and executive authority for, preventive and residential services for children and young persons, and with the well-established communications in the social field built up by her predecessor as Children's Officer, Miss M. C. Godfrey.

In the working party on mental health the main emphasis has been on the need for more community places for children who for various reasons need a home other than their own, and for adults, particularly those over 65, who no longer need the full range of hospital services. Agreement seems likely over a joint Regional Hospital Board/County Council hostel for children in 1972. New purpose-built homes for adults have for some time been in the County Council's five and ten-year plans, but their realisation is obviously governed by their degree of priority in the Council's total capital developments. This working party also considered co-operation between general practitioners, nurses, health visitors, mental

welfare officers, consultants and hospital medical social workers, both in the early stages of mental illness and in after-care. It soon became evident that to develop a forward-looking co-ordinated preventive and after-care service more social workers were needed and this recommendation has been submitted through the normal statutory channels.

The ground common to this working party and that on the health of the elderly is of course the "psycho-geriatric" patient. While awaiting the Regional Hospital Board's plans for this type of patient, agreement has been reached that by co-operation the needs of most elderly patients will be met between the psychiatric and geriatric wards and the County Council's homes built under Part III of the National Assistance Act 1948. The Council's Welfare and Mental Health Sub-Committees have in the past agreed that wherever possible old people on the waiting list with a manageable additional psychiatric condition should be accepted into the six Guest Houses. Apart from capital developments, this working party is already becoming a useful forum for reviewing the adequacy of accommodation and services of all kinds for the elderly, who form the largest group of users of the nursing, home help and other services. A growing source of information and stimulus to voluntary activity is the Community Services Council, whose Link Schemes are already gathering momentum, and the long-standing activities of the voluntary organisations referred to in the chapter on welfare.

The functions of the former Maternity Liaison Committee were integrated into a new working party on the health of women. Co-ordination in ante-natal care enabled 83 per cent of all births to take place in hospital, supported by an early discharge scheme embodying a high standard of post-natal care by general practitioners and County Council midwives. The functions of the cervical cytology co-ordinating committee have also been embodied in this working party, for in addition to ante- and post-natal care the County Council has important responsibilities in the fields of cancer prevention, family planning, health education and the promotion of the physical and mental health of women in general. Already the benefits of the family planning and cytology services are a great tribute to the hard work and enthusiasm of the consultants, nurses and lay helpers of the Family Planning Clinic and the Island Campaign for the Prevention of Cancer in Women.

The working party on child health gave early consideration to the Sheldon Report on the future of child welfare clinics. Because of its far-reaching effects it will be some time before adequate training and reorganisation can be achieved. In the meantime it would be of great practical benefit to children by the time they enter school and to their teachers if more parents would, through their health visitor and local clinic, avail themselves more of existing facilities for observing and assessing young children's development, particularly where there may be some factor predisposing to a future educational difficulty. In some cases, attending a playgroup provides more scope for a child to develop and the health visitors keep in constant touch with the twenty-six playgroups approved by the Health and Welfare Committee.

The previous discussions of a small informal group have proved that there is justification for a working party solely on the organisational problems of co-ordination at the level of the general practice. That

community care as a team service can become a reality is being proved by the Co-ordinating Committee in Cowes, where comprehensive care is to be based on the Consort Road Health Centre next year, and there will obviously be more to say about other parts of the County and other preventive, care and after-care developments in the next few years.

Liaison with other services mentioned in the Godber ("Cogwheel") Report, for example the general medical and surgical, accident and emergency, laboratory, radiological and other group services, is achieved through the monthly meetings of the Hospital Group Medical Advisory Committee and the Local Medical Committee, and the working parties have wide powers of co-option and cross-representation. Although still in its early stages, the machinery described already shows the advantages of meeting round a table and cutting through departmental barriers to take a critical look at existing total patient care.

I have concentrated in this preface on organisation because it suggests the framework in which the many interesting contributions on other pages of this Annual Report have their context and point towards more comprehensive and co-ordinated care and community health and well-being.

I have the honour to be, Ladies and Gentlemen,
Your obedient servant,

ROGER KEYS MACHELL,

County Hall,
Newport, I.W.
August 1970.

*County Medical Officer,
County Welfare Officer,
and Principal School Medical Officer.*

Table I. Population of County Districts

Sanitary Authority		Popula- tion at 1961 Census	Registrar General's Estimate of Population for:				
			1965	1966	1967	1968	1969
I.W. Rural District	...	18615	18790	19000	19140	19110	20010
Cowes U.D.	...	16992	17770	17800	17820	17890	18000
Newport M.B.	...	19179	19020	19150	19690	20990	21110
Ryde M.B.	...	19845	20710	20930	21200	22220	22290
Sandown-Shanklin U.D.	...	14386	13740	13930	13930	14050	14030
Ventnor U.D.	...	6135	6240	6240	6260	6300	6300
Whole County	...	95752	96270	97050	98040	100860	102100

Table II. Vital Statistics of all Districts—1969

Area	Rural District	Cowes	Newport	Ryde	Sandown-Shanklin	Ventnor	Whole County	England and Wales Rate per 1,000
Population Registrar General's Estimate (Civilians and Non-Civilians)	20010	18000	21440	22290	14030	6300	102100	
Deaths:								
Number	335	274	326	322	245	145	1617	
Males	169	150	126	143	130	71	789	
Females	166	124	200	179	115	74	858	
Crude death-rate per 1000 population	16.7	15.2	15.2	14.4	17.5	23.0	16.1	11.9
Comparative factor	0.68	0.83	0.62	0.71	0.61	0.58	0.68	
Comparative death-rate	11.4	12.6	9.4	10.2	10.7	13.3	10.9	
Live Births:								
Number	248	254	346	295	156	76	1375	
Males	115	134	183	140	75	34	681	
Females	133	120	163	155	81	42	694	
Rate per 1000 population (crude)	12.4	14.1	16.1	13.2	11.1	12.1	13.5	16.3
Comparative factor	1.31	1.19	1.20	1.23	1.64	1.50	1.29	
Comparative birth rate	16.2	16.8	19.3	16.2	18.2	18.1	17.4	
Illegitimate Live Births per cent of total live births	11.7	7.5	9.8	12.5	13.5	11.8	10.8	
Stillbirths:								
Number	5	5	1	1	1	—	13	
Males	3	3	1	—	1	—	8	
Females	2	2	—	1	—	—	5	
Rate per 1000 total live and stillbirths	19.8	19.3	2.9	3.4	6.4	—	9.4	13.0
Total live and stillbirths	253	259	347	296	157	76	1388	
Infant deaths:								
Deaths of infants under 1 year of age	3	2	10	4	4	1	24	
Deaths of infants under 4 weeks of age	3	2	7	—	4	1	17	
Deaths of infants under 1 week of age	2	2	6	—	4	1	15	
Infant Mortality Rates:								
Total infant deaths per 1000 total live births	12.1	7.9	28.9	13.6	25.6	13.2	17.4	18.0
Legitimate infant deaths per 1000 legitimate live births	13.7	8.5	25.4	11.6	29.6	14.9	17.1	
Illegitimate infant deaths per 1000 illegitimate live births	—	—	58.8	27.0	—	—	20.1	
Neo-natal mortality rate (deaths under 4 weeks per 1000 total live births)	12.1	7.9	20.2	—	25.6	13.2	12.4	12.0
Early Neo-natal mortality rate (deaths under 1 week per 1000 total live births)	8.1	7.9	17.3	—	25.6	13.2	10.9	10.0
Peri-natal mortality rate (stillbirths and deaths under 1 week combined per 1000 total live and stillbirths)	27.7	27.0	20.2	3.4	31.8	13.2	20.2	23.0
Maternal mortality inc. abortion								
Number of deaths	—	—	—	—	—	—	—	
Rate per 1000 total live and stillbirths	—	—	—	—	—	—	—	0.19

**Table III. Deaths from certain diseases
for the five years, 1965—1969**

Under the Eighth Revision of the International Classification of Diseases deaths are now classified under a total of 65 headings. Certain causes of death attributed to Island residents only are given below. The nomenclature of certain categories has been amended from previous years to agree with the revised Classification.

<i>Causes of Death</i>	1965	1966	1967	1968	1969
Enteritis and other diarrhoeal diseases ...	13	10	5	2	4
Tuberculosis of respiratory system ...	2	4	2	3	1
Other forms of tuberculosis ...	1	—	2	2	—
Cancer—all sites ...	226	284	281	285	308
Cancer of lung, bronchus ...	70	58	53	70	75
Leukaemia ...	6	8	8	8	7
*Benign and unspecified neoplasms ...	—	—	—	3	5
Coronary disease—angina ...	302	316	289	392	390
Other heart disease ...	237	210	224	182	164
Cerebrovascular disease ...	262	270	301	318	279
Other diseases of the circulatory system ...	51	60	49	54	82
Influenza ...	2	10	—	26	19
Pneumonia ...	59	63	67	92	92
Bronchitis and emphysema ...	59	70	58	77	74
Other respiratory diseases, including asthma	11	15	4	19	17
Abortion ...	—	—	—	1	—
Congenital anomalies ...	9	13	6	10	9
*Perinatal mortality: other causes ...	—	—	—	14	12
Motor vehicle accidents ...	18	6	11	6	8
All other accidents ...	26	20	26	29	30
Other violent causes ...	15	15	14	15	9
Isle of Wight					
Death rate per 1,000 population ...	15.7	15.5	15.1	16.4	16.1
Comparable death rate per 1,000 population	11.5	11.3	10.7	11.5	10.9
England and Wales					
Death rate per 1,000 population ...	11.5	11.7	11.2	11.9	11.9

* Prior to 1968 shown by the Registrar General under general classification of “defined and ill-defined diseases.”

Mortality in School Children.

During the year five children of school age died, the reasons being as shown :—

<i>Cause of Death</i>	<i>Sex</i>	<i>Age Years</i>
Subdural Haemorrhage: Collided with motor scooter whilst riding a motor scooter (accidental) ...	M	16
(i) Cardiac arrest (ii) Bronchial asthma ...	M	15
Acute cerebellar abscess ...	F	11
Drowning: Engulfed by large wave whilst playing on beach and dragged out to sea (misadventure) ...	M	9
Tumour of the brain stem ...	F	5

Table IV. Deaths in various age groups for the ten years 1960—1969

AGES			1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
under 1 year	Males ...		16	16	18	14	15	13	28	9	15	10
	Females ...		8	10	10	10	5	11	14	8	12	14
	TOTAL		24	26	28	24	20	24	42	17	27	24
1—4	Males ...		1	1	2	2	3	2	4	1	2	3
	Females ...		3	1	3	1	1	2	2	—	1	3
	TOTAL		4	2	5	3	4	4	6	1	3	6
5—14	Males ...		3	1	2	3	1	1	2	2	3	1
	Females ...		1	3	3	3	1	3	—	2	1	2
	TOTAL		4	4	5	6	2	4	2	4	4	3
15—44	Males ...		18	23	9	21	23	23	18	16	25	20
	Females ...		13	15	13	16	21	10	16	18	11	11
	TOTAL		31	38	22	37	44	33	34	34	36	31
45—64	Males ...		148	161	163	167	167	167	160	158	182	164
	Females ...		95	99	103	131	98	100	110	105	110	112
	TOTAL		243	260	266	298	265	267	270	263	292	276
65—74	Males	}	M471 F 555	515 611	542 563	209	224	216	230	236	254	292
	Females					167	153	183	182	166	179	204
	TOTAL					376	377	399	412	402	433	496
75 and over	Males	}				341	300	309	308	317	342	299
	Females					439	440	473	433	443	522	512
	TOTAL					780	740	782	741	760	864	811
TOTAL			1026	1126	1105							
GRAND TOTAL			1332	1456	1431	1524	1452	1513	1507	1481	1659	1647

Live Births.

The number of live births in the Isle of Wight showed an increase over the previous year of 49 to 1,375. This figure given by the Registrar General is for births registered during 1969 and adjusted for inward and outward transfers; it therefore differs from the unadjusted figures compiled locally and detailed in Table V of this report. In a population of 102,100 this gives a live birth rate per 1,000 population of 13.5. The rate for England and Wales was 16.3.

Stillbirths.

There were 13 stillbirths during the year compared with 18 in 1968, 14 in 1967, 18 in 1966, 21 in 1965 and 27 in 1964. This gave a stillbirth rate of 13.4 per 1,000 total (live and still) births. The stillbirth rate for England and Wales was 13.0 per 1,000 total live and stillbirths compared with 14.3 for 1968.

Illegitimacy.

The number of illegitimate births increased during 1969.

<i>Year</i>	<i>Illegitimate Live Births</i>	<i>Illegitimate Stillbirths</i>	<i>Total</i>
1963	112	5	117
1964	132	4	136
1965	136	1	137
1966	142	Nil	142
1967	138	1	139
1968	127	Nil	127
1969	149	1	150

Deaths.

Deaths in the Island exceeded the live births by 272 (333 last year and 95 in 1967).

The total number of deaths on the Island corrected for inward and outward transfers was 1,647 (1,659 in the previous year) giving a death rate of 16.1 per 1,000 of the population. The adjusted death rate, i.e. the crude death rate multiplied by a comparability factor 0.68, was 10.9 compared with 11.5 in the previous year ; the comparable figure for England and Wales was 11.9.

Of 1,647 deaths, 1,307 or 79.4 per cent occurred in the 65 and over age group.

Morbidity.

The number of first certificates of incapacity received at the local offices of the Ministry of Social Security during 1969 was 13,485 compared with 14,210 in 1968. The highest number received was 1,269 for the fortnight ended 30th December and the lowest 146 for the week ended 8th April.

Influenza 1969-70.

“The influenza outbreak which began in England and Wales in the first week of December and was virtually over by the end of January was unusual in intensity and in its relatively short duration. It was due to the Hong Kong strain of influenza virus A2 which appeared in Hong Kong in July 1968 and caused scattered outbreaks in the United Kingdom during the winter of 1968-69. The mortality then produced was not great and the epidemic which occurred in Australia and New Zealand later in 1969, although widespread, was not severe. The intensity of the outbreak in the United Kingdom during the winter just past was therefore unexpected.

The incidence as measured by the peak figures of new claims for sickness benefit in the two weeks following Christmas 1969 was higher than any reached since records began just over twenty years ago. The mortality attributed to influenza also reached its peak in that period at a higher level probably than in any year since 1933. The outbreak developed rapidly and subsided quickly so that the excess mortality may not prove to be great for the winter as a whole. The mortality was mainly in older people but there was an appreciable number of deaths at ages below 55 (in England and Wales) and the number of severely ill people requiring admission to hospital was large.

Altogether this outbreak is thought to have been comparable in intensity with that which occurred in the eastern part of the United States a year earlier and notably sharper than any previously associated with the A2 virus in the United Kingdom."

With acknowledgment to the Controller of H.M. Stationery Office extract from "Health Trends" No. 2, Volume 2, April 1970.

Isle of Wight : Period w.e. 12-12-69—w.e. 30-1-70.

<i>Week ended</i>	<i>Number of Deaths Registered in the Island)</i>		<i>First Certificates of Incapacity received by Depart- ment of Health and Social Security</i>
	<i>From Influenza and Influenzal Pneumonia</i>	<i>From Bronchitis and Pneumonia (excluding Influenzal Pneumonia</i>	
12-12-69	—	2	253
19-12-69	—	4	406
26-12-69	4	10	} 1269
2- 1-70	20	12	
9- 1-70	15	10	1234
16- 1-70	8	16	1086
23- 1-70	1	2	550
30- 1-70	—	4	327
Totals during the above period	48	60	5125

Unlike England and Wales as a whole mortality in the Island during this brief period was, with the exception of one case in the 35-45 year age group and three in the 55-65 year group, wholly amongst the elderly and aged.

NATIONAL HEALTH SERVICE ACT, 1946.

Section 22—Care of Mothers and Young Children.

Deaths of Infants under one year.

Throughout England and Wales the figure for infant deaths in the first year of life during 1969 was 18.0 per 1,000 live births.

In the Isle of Wight, the figure of 17.4 per 1,000 represents deaths of 24 infants in this category.

Stillbirths and infant deaths under one week (perinatal deaths) totalled 28, compared with 38 in 1968.

Maternal Mortality.

No maternal death occurred during 1969. The rate for England and Wales was 0.79 per 1,000 live and stillbirths.

From 1960 until 1969 inclusive two deaths only in this category have been recorded whereas during the decade 1950-1959 maternal deaths ranged from one to three per year.

Table V. Births notified to the County Medical Officer since 1960 according to place of occurrence

Year	Total Births	Sex		Born at Home			Born in Nurs- ing Home			Born in Hos- pital		
		M	F	Live Births	Still Births	Per- centage	Live Births	Still Births	Per- centage	Live Births	Still Births	Per- centage
1960 ...	1271	651	620	551	8	44.0	24	—	1.9	671	17	54.1
1961 ...	1318	683	635	521	2	39.7	26	1	2.0	750	18	58.3
1962 ...	1288	660	628	472	3	36.9	10	—	0.8	778	25	62.3
1963 ...	1303	658	615	441	3	34.1	4	—	0.3	823	32	65.6
1964 ...	1432	756	676	469	3	33.0	—	—	—	937	23	67.0
1965 ...	1457	769	688	430	3	29.7	—	—	—	1007	17	70.3
1966 ...	1475	733	742	400	3	27.3	—	—	—	1057	15	72.7
1967 ...	1387	716	671	318	2	23.1	—	—	—	1055	12	76.9
1968 ...	1327	644	665	315	1	23.8	—	—	—	994	17	76.2
1969 ...	1379	691	688	226	—	16.4	—	—	—	1140	13	83.6

The total of 1,379 births shown for the year 1969 in the above table is 9 less than the combined live and stillbirths shown in Table II, which has been adjusted by the Registrar General for inward and outward transfers. Domiciliary births decreased by 89 and hospital births increased by 146. No births took place in Nursing Homes. During the year twin births occurred in 12 cases.

Notification of Congenital Defects.

These are made on the birth notification card and checked by the Non-medical Supervisor of Midwives. A medical officer determines the classification, and discusses the diagnosis with the family doctor in any case of doubt. During 1969, 49 notifications had been reported to the Department of Health and Social Security compared with 44 in 1968.

Ante-Natal and Post-Natal Clinics.

All ante-natal and post-natal clinics on the Island are now held by general practitioners, either in their surgeries or at County Council premises and are attended by the domiciliary midwives.

Premature Births.

During 1969, there were 72 live births and 9 stillbirths of babies weighing 5½ lbs. or under.

Sixty-seven of the premature live births occurred in hospital, and of these, 6 died within 24 hours of birth and 57 survived 28 days.

Five premature live births occurred at home, 1 died within 24 hours, and 4 survived 28 days.

Of the 9 premature stillbirths, 8 occurred in hospital, and 1 at home.

Table VI. Fate of 72 Premature Children by weight groups

Weight at Birth	Total	Deaths
3 lb. 4 oz. or less ...	11	7
Under 4 lb. 6 oz. ...	11	3
Under 4 lb. 15 oz. ...	20	—
Under 5 lb. 8 oz. ...	30	2

DENTAL TREATMENT.

By Mr. G. Simons (Senior County Dental Officer).

Mr. G. Simons submits the following report on dental treatment provided to priority classes of patients under Section 22(1) of the National Health Service Act, 1946.

"Although regular attendance at Welfare Clinics is no longer such a feature of our work, the numbers of young children inspected and the amount of treatment which they received shows some increase on the previous year. This applies also to the figures relating to expectant and nursing mothers. Any mother requiring treatment is offered it, although I believe that from the viewpoint of regular and periodic care it may be better if this were given, where possible, by the General Dental Service.

The nurses and health visitors, by their advice to mothers, help to make them aware of the dental needs of their children. Too frequently, however, young children are not seen at all by a dentist until they first attend school, by which time the first teeth of many of them are ruined. The treatment of pre-school age children is very time-consuming and demands great patience but gaining a child's confidence at an early stage is rewarding both for the child and for his dentist.

There is no lessening of the incidence of dental decay in spite of every effort to educate parents in the paths of dental health and although the primary causes must, by now, be well known to the vast majority. With all the evidence which is available it is obvious to those who are concerned with this problem that fluoridation of the water supplies would go a long way towards solving it. I am confident that such a measure would relieve young children of a great amount of unnecessary suffering and I look forward to the time when this is put into effect."

Dental Care of Expectant and Nursing Mothers and Children under School Age, 1969.

- (a) Number of Officers employed at end of year on a salary in terms of whole-time officers to the maternity and child welfare service :
 - (1) Senior Dental Officers 0.1
 - (2) Dental Officers 0.1
- (b) Number of Officers employed at the end of year on sessional basis in terms of whole-time officers to the maternity and child welfare service ... Nil
- (c) Number of Dental Clinics in operation at end of year 5
- (d) Total number of sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients during the year 83
- (e) Number of Dental Technicians employed Nil

Table VII. Numbers provided with Dental Care and forms of Dental Treatment provided

	Exam- ined	No. of persons who com- menced treat- ment during the year	No. of courses of treat- ment com- pleted during the year	Scal- ings and gum treat- ment	Fill- ings	Crowns or Inlays	Extrac- tions	Gen- eral Anaes- thetics	Dentures provided	
									Com- plete	Partial
Expectant and Nursing Mothers	69	46	31	24	119	—	18	—	8	3
Children under 5	305	200	160	34	175	—	75	—	—	—

FLUORIDATION OF WATER SUPPLIES (NATIONAL HEALTH SERVICE ACT, 1946, SECTION 28).

The County Council accepted the principle of fluoridation in 1963. This was rescinded in March 1968 but at the meeting of 6th October, 1969 the Council re-affirmed their approval to the principle of adjusting the fluoride content of Island water supplies to the optimum figure of one part per million.

INFANT WELFARE CENTRES.

Clinic sessions continued to be held weekly, fortnightly or monthly in centres throughout the Island. Due mainly to small attendances, sessions at Albany Infant Welfare Clinic were suspended, and at the end of the year fourteen Centres were in operation.

The number of children who attended the centres during the year was 1,667, a decrease of 343 on the 1968 figure.

The total number of attendances at Infant Welfare Centres during the year was 10,093, being 1,128 less than in 1968 and 5,155 less than 1967.

DISTRIBUTION OF WELFARE FOODS.

Twenty-eight Centres on the Island distributed welfare foods to expectant and nursing mothers and children under five years of age.

A summary of sales for the years 1960-1969 is shown in Table VIII.

Table VIII

<i>Year</i>	<i>National Dried Milk (tins)</i>	<i>Cod Liver Oil (bottles)</i>	<i>Vitamin A and D Tablets (packets)</i>	<i>Orange Juice (bottles)</i>
1960	23925	4347	3956	35919
1961	23663	3187	3242	23979
1962	23291	1381	1935	14964
1963	21594	1403	1701	15753
1964	22522	1293	1367	15854
1965	25633	1428	1169	19169
1966	22109	1253	1315	18952
1967	16189	1336	1297	18786
1968	7193	1092	1027	17105
1969	4988	1016	1186	18670

Increased sales of a proprietary brand of dried milk at the St. Mary's Hospital Centre and five Council premises accounted principally for the fall in demand for National Dried Milk.

NURSING SERVICES

I am indebted to Miss M. G. Morris, Chief Nursing Officer, for the Sections of the Report on the Nursing Services which follow : —

“Miss M. A. Gibbons retired in August after fourteen years as County Nursing Officer.

Section 23: Midwifery.

There was a decrease in the number of home confinements in 1969. This does not reflect adversely on the amount of work carried out by the Midwives but rather on the content. Better selection of cases booked for home confinement and earlier transfer of cases to the Consultant Unit when deviations from normal occur lead to a smaller number of births at home but an equally high standard of care. Co-operation is essential to give a good service ; the Midwives have close liaison with the Maternity Unit and the General Practitioners.

To give a full picture of Obstetrics in the Isle of Wight, the Midwives have collaborated in completing a comprehensive Obstetric Record on each case, a copy of which is submitted to the Consultant Obstetrician ; the same record is kept on cases in hospital.

The Midwives are aware of their duties in Health Education and take part in the Mothercraft Classes in all areas.

The schedule for Student Midwife Training changed in September with the approval of the Central Midwives' Board. Whilst on the district, other aspects of community care are taught and each student has a project to do which relates to the duties of a Midwife.

The number of students during 1969 was 14 ; of these 12 were successful in passing the Part II Examination of the Central Midwives' Board.

Section 24: Health Visiting.

Allocation of Health Visitors to work to General Practitioners' lists is complete. Exceptions are if patients live too far from the Health Visitor's base, in which case the Health Visitor transfers the case to her colleague in the area. This is on a reciprocal basis and it is hoped that the need to do this will cease in time.

With the easier meeting of Doctors and Health Visitors to discuss mutual problems the work of Health Visitors increases but also becomes more rewarding. Care has to be taken that the Health Visitors' skills are correctly used ; their main responsibility is still with young families, advising on child development and child care in general.

All Health Visitors have been instructed by Miss J. Dodds, Audiologist and Teacher of the Hearing-impaired, in special hearing tests for children at varying ages.

To evaluate the 'At Risk' Register the Health Visitors are completing a developmental form on two-year-old children ; these are assessed by the Principal Medical Officer, Dr. M. Burrage, who also gives advice to the Health Visitors on problems they meet in the course of their work. As the need for specialist help arises, the sooner this is detected the easier it is for parents and child to accept it ; with some severe handicaps the Health Visitor becomes a great support to the parents of the affected child.

Some of the General Practitioners hold 'Well Baby' sessions which Health Visitors attend in addition to local authority clinics which are becoming more specialised.

Section 25: Home Nursing.

The general pattern of care of patients in their own homes has changed in recent years. Demands of patients are greater as many are away from their families, so being more dependent on the services of the community health team.

Medical science in its advancement has changed treatments, and skills of Nursing Sisters have changed to meet these demands. The main type of cases attended are medical but this year has seen a change in the earlier discharge of surgical patients from the hospitals on the Island. These cases are supervised and treated by the Nursing Sisters for dressings. To aid the Sisters in their work medical loans are provided. Hoists for lifting patients are a great boon. The use of disposable equipment is time-saving and safer for the patient.

To perform their duties to patients the Sisters have close co-operation from the Health Visitors who often are asked to visit because of other social needs.

The Nursing Sisters in the course of their work are teachers as well as Nurses—they have a duty to teach relatives to care for the patient and must always be aware of other points such as home safety. As mentioned in last year's Annual Report, the Pupil Nurse Training as approved by the Queen's Institute of District Nursing and the General Nursing Council commenced in October with three pupil nurses spending two weeks with Practical Work Instructors (Miss Atrill, Miss Holden and Miss Gordon).

To enable communications between hospital staff and District Nursing Sisters to improve, meetings were arranged in the Royal Isle of Wight County Hospital, Ryde, and St. Mary's Hospital, Newport. There was free discussion between the staff on the care of patients, especially those being discharged early. Visits of the trained Hospital Staff with District Nursing Sisters were arranged later in the year and apparently these were of value to the hospital staff.

Mrs. R. Cross successfully completed District Training in Portsmouth.

Participation of Staff in Student Training.

Obstetric Students. Three students spent a day with the District Midwives.

S.R.N. Students, 14. Visits were arranged with District Nursing Sisters, Health Visitors and to Infant Welfare Clinics. Lectures on local authority Nursing Services were given to the S.R.N. students and student nurses from Whitecroft Hospital by Miss Gibbons and Miss Morris.

Students from Mainland. Health Visitor students carried out practical training under the supervision of Miss Alexander, Field Work Instructor. Miss J. Spanton, a Health Visitor student sponsored by the Isle of Wight County Council, was successful in her studies at Southampton University."

SECTION 26—VACCINATION

Vaccination of Persons under Age 16 completed during 1969.

Table IX. Completed Primary Courses.

In this table lines 1-9 show the number of children vaccinated with different kinds of vaccine and lines 10-13 show the number of children vaccinated against each disease.

Type of vaccine or dose	Year of Birth					Others under age 16	Total
	1969	1968	1967	1966	1962 —65		
1. Quadruple DTPP ...	—	—	—	—	—	—	—
2. Triple DTP ...	537	606	49	21	26	11	1250
3. Diphtheria/Pertussis ...	—	—	—	—	—	—	—
4. Diphtheria/Tetanus ...	—	1	2	1	6	5	15
5. Diphtheria ...	—	—	—	—	—	—	—
6. Pertussis ...	—	—	—	—	—	—	—
7. Tetanus ...	—	—	—	—	2	78	80
8. Poliomyelitis ...	540	637	48	18	45	17	1305
9. Measles ...	—	97	121	132	343	41	734
10. Total: Diphtheria ...	537	607	51	22	32	16	1265
11. Total: Whooping Cough ...	537	606	49	21	26	11	1250
12. Total: Tetanus ..	537	607	51	22	34	94	1345
13. Total: Poliomyelitis ...	540	637	48	18	45	17	1305

Table X. Reinforcing Doses.

In this table lines 1-8 show the number of children vaccinated with different kinds of vaccine and lines 9-12 show the number of children vaccinated against each disease.

<i>Type of vaccine or dose</i>	1969	1968	1967	1966	1962 — 65	<i>Others Under 16</i>	<i>Total</i>
1. Quadruple DTPP ...	—	—	—	—	—	—	—
2. Triple DTP ...	—	223	684	46	272	132	1357
3. Diphtheria/Pertussis ...	—	—	—	—	—	—	—
4. Diphtheria/Tetanus ...	—	6	32	14	794	905	1751
5. Diphtheria ...	—	—	—	—	6	15	21
6. Pertussis ...	—	—	—	—	—	—	—
7. Tetanus ...	—	—	—	2	17	212	231
8. Poliomyelitis ...	—	113	180	17	1051	440	1801
9. Total: Diphtheria ...	—	229	716	60	1072	1052	3129
10. Total: Whooping Cough ...	—	223	684	46	272	132	1357
11. Total: Tetanus ...	—	229	716	62	1083	1249	3339
12. Total: Poliomyelitis ...	—	113	180	17	1051	440	1801

Vaccination against Smallpox.

The following table shows the successful vaccinations carried out during the year.

Table XI

<i>Age at Date of Vaccination</i>	<i>Under 1</i>	<i>1</i>	<i>2 to 4</i>	<i>5 to 15</i>	<i>Total</i>
Number vaccinated ...	70	525	243	57	895
Number re-vaccinated ...	—	—	21	186	207

SECTION 27—AMBULANCE AND AMBULANCE CAR SERVICE.

Table XII. Ambulance and Ambulance Car Statistics, 1969-70.

	<i>No. of vehicles at 31-3-70</i>	<i>No. of patients carried</i>	<i>No. of journeys</i>	<i>Total mileage</i>	<i>No. of journeys to main- land by Island ambul- ances</i>	<i>No. of jo urneys arr.anged through other author- ities</i>
Ambulance Service ...	8*	15894	5712	154289	185	97
Ambulance Car Service	34	71187	17482	362509	—	165
Hired Cars ...	—	6	6	120	—	—

*Including 1 "sitting case" vehicle.

Table XIII. Usage of Ambulances and Ambulance Cars since 1963.

<i>Year ending</i>	<i>Mileage</i>			<i>Patients conveyed</i>			<i>Number of patients carried per 1000 population</i>
	<i>Ambulances</i>	<i>Ambulance Cars</i>	<i>Hired Cars</i>	<i>Ambulances</i>	<i>Ambulance Cars</i>	<i>Hired Cars</i>	
March 1963	108064	223908	1188	9370	49952	75	637
1964	111305	260032	1009	9600	64724	62	794
1965	116475	289521	1928	11073	75962	102	914
1966	120487	287015	1404	10529	74440	85	883
1967	129068	309900	3116	11317	70029	178	840
1968	137868	341210	627	13020	73678	47	884
1969	138116	363160	522	12520	74972	36	868
1970	154289	362509	120	15894	71187	6	853

Table XII shows the use made of ambulances and ambulance cars during the financial year 1969-1970 and Table XIII shows details of mileages and patients conveyed by this service since 1962-63.

In July 1969 the Hospital Car Service was transferred to the control of the Ambulance Headquarters and was re-designated "Ambulance Car Service."

Thanks are due to the Chief Fire and Ambulance Officer, Mr. A. F. S. Perks for the operational control of the Ambulance and Car Services and to members of the British Red Cross Society for providing escorts for mainland journeys.

SECTION 28—PREVENTION OF ILLNESS: CARE AND AFTER CARE.

Table XIV. B.C.G. Scheme: 13 year age group (includes independent schools)

	<i>Number Tested</i>	<i>Absent for Reading</i>	<i>Number found with</i>		<i>Percentage Positive</i>	
			<i>Negative Reaction</i>	<i>Positive Reaction</i>	<i>Isle of Wight</i>	<i>England & Wales</i>
1959	896	1	747	148	16.5	17.0
1960	1183	20	987	176	14.9	15.4
1961	1340	8	1108	224	16.7	14.3
1962	989	2	789	198	20.0	16.0
1963	953	2	812	139	14.6	14.9
1964	936	7	820	109	11.6	12.6
1965	1021	—	910	93	9.1	13.7
1966	935	3	815	83	8.9	13.1
1967	1062	—	914	109	10.3	13.0
1968	1552	1	1364	115	7.4	11.4
1969	1064	—	922	79	7.4	*

* Figure not yet available.

Tuberculosis.

Cases under treatment, supervision or observation by Chest Physician at 31st December, 1969.

			Men	Women	Children	Total
			<i>Out-patients and In-patients</i>			
Respiratory	...	...	199	134	2	335
Non-Respiratory	...	...	47	53	2	102
Total	...	...	246	187	4	437

Venereal Disease.

During 1969 the following numbers of new cases were dealt with at the Special Treatment Centre:—

Syphilis	...	...	...	...	...	...	7 (2)
Gonorrhoea	...	...	...	...	...	...	26 (30)
Other conditions:—							
Non-gonococcal urethritis	...	...	...	...	...	...	46 (37)
Other (requiring treatment within the Centre)	...	...	...	...	...	...	67 (64)
Other (requiring no treatment within the Centre)	...	...	...	...	...	...	23 (15)

N.B.—Figures in brackets refer to 1968.

Miss M. M. Lovell, S.R.N., S.C.M., H.V., Specialist Health Visitor who assists the Consultant Venereologist at the Special Clinic at St. Mary's Hospital reports that there has been a continuation of contact tracing and follow-up social work, both at home and in the Clinic.

Nursing students, male and female, have attended for instruction; also a health visitor student.

Health Education.

Health Education is a major part of the Health Visitors' work when visiting in the home and is also covered in talks to groups in clinics and organisations interested in aspects of health. Subjects covered during the year included accidents in the home, water safety, hygiene, hypothermia in the young and elderly, dental health, and the effects of smoking. Talks have also been given on mothercraft and personal relationships, in schools and youth clubs.

During the year a total of 350 talks were given by fourteen Health Visitors as under:—

Talks in Clinics to Mothercraft Classes, etc.	...	272
Talks in Schools	...	30
Talks to other organisations—British Red Cross Society, Women's Institutes, Young Wives' Clubs, etc.	...	48

Chiropody.

Chiropody is available to residents of the Council's homes for the elderly and the elderly housebound receive treatment through the Isle of Wight Old People's Welfare Association.

In addition, a limited chiropody scheme for the elderly, arranged in conjunction with the Isle of Wight Old People's Welfare Association and the W.R.V.S., is operated in the Sandown area. A similar scheme for

the upper Ventnor area, arranged in conjunction with the Upper Ventnor Senior Citizens' Group, commenced in August 1969. Sessions are held monthly at Lake Clinic and Ventnor Secondary School respectively by Mr. R. A. Webb, Chiropodist.

I am grateful to the Isle of Wight Old People's Welfare Association, the W.R.V.S., the Upper Ventnor Senior Citizens' Group and Mr. Webb for helping to provide this service.

Incontinence Pads.

In accordance with Circular 14/63 Incontinence Pads continue to be provided on request from General Practitioners and from District Nurses.

Precautions regarding the means of disposal of soiled pads have been safeguarded by advising that patients in need of this assistance should be attended by the District Nurse who has responsibility for the satisfactory means of disposal.

Population Screening for Cancer of the Cervix.

In conjunction with the Island Campaign for the Prevention of Cancer in Women, clinic sessions continued to be held at the Health Clinic, Pyle Street, Newport during 1969.

Twenty-seven sessions were held during the year and the response to clinic appointments was as follows:—

Number of notices sent	2190
i. Actual attendances	887
ii. Appointments changed or reason given for failure to attend ...	860
iii. Defaulters	443
	———— 2190
iv. Casual attendances	22

Since the start of the campaign in October 1966 to 31st December, 1969, 80 clinic sessions have been held and 2,962 women have received a smear test. In addition, the majority of family doctors dealt with smears during the year.

I am again grateful to Dr. D. Edwards, Chairman, Mrs. A. B. Oliveira, Secretary, and all members of the Island Campaign, who have helped to make this service possible.

NATIONAL HEALTH SERVICE (FAMILY PLANNING) ACT 1967.

Family Planning Association: Wessex and Isle of Wight Branch 40.

"A total of 1,704 patients attended during 1969. Three hundred and forty-five of these were new patients to Island clinics and they came from the following sources:—

- 144 came on a friend's recommendation ;
- 81 were referred by family doctors ;
- 55 were transfers from mainland clinics ;
- 33 were referred by various sources—the Clergy, the Press, Marriage Guidance, etc. ;
- 32 were referred by the local authority and local hospitals.

Intra-uterine devices are fitted at Newport and Lake Clinics.

Cowes. F.P.A. clinic at the Health Clinic, Consort Road, Cowes was opened in November. Sessions are held on the first and third Tuesdays in each month, 9.30 a.m. to 12 noon.

Newport. F.P.A. clinic, Health Clinic, Pyle Street, Newport. Sessions on Mondays except fifth Monday in month: 6 p.m. 8.30 p.m., Tuesdays, second and fourth in month: 10 a.m. 12.30 p.m. and 2 p.m. 4.30 p.m.

Lake. F.P.A. clinic, the Health Clinic, Lake, Sandown. Sessions held Tuesday, first and third in the month 6.30 p.m. 9 p.m. and first and third Wednesday in the month 6.30 p.m. 9 p.m.

The Secretary can be contacted at the Clinics during session times only or by telephone Wootton Bridge 337."

JOAN E. JACKSON,
Secretary.

SECTION 29—HOME HELP SERVICE.

Mrs. E. B. Thorne, Home Help Organiser, reports as follows:—

"The number of cases dealt with during the year totalled 763 compared with 717, 686 and 638 during the three previous years.

The cases can be divided into the following categories:—

Aged 65 years or over on first visit	...	...	661	(636)
Aged under 65:				
Chronic sick and tuberculosis	...	...	62	(45)
Mentally disordered	...	...	2	(—)
Maternity	...	...	10	(7)
Others	...	...	28	(29)
			<hr/> 763	<hr/> (717)

N.B.—Figures in brackets refer to previous year.

There were 493 new applications for assistance during the year and 301 were supplied with help.

At the end of the year there were 68 Home Helps employed—12 full-time and 56 part-time.

To celebrate the formation of the Home Help Service in 1948, a 21st anniversary party was held at the Unitarian Church Hall, Newport on the 13th December and approximately 80 Home Helps and friends attended, and had a very enjoyable evening.

Among the guests who came were Alderman A. H. Rowland, Chairman of the Health and Welfare Committee, and Mrs. R. Janion who was the first Home Help Organiser for the Isle of Wight in 1948."

HEALTH SERVICES AND PUBLIC HEALTH ACT 1968:

PART III

NOTIFIABLE DISEASES AND FOOD POISONING THE PUBLIC HEALTH (INFECTIOUS DISEASES) REGULATIONS 1968.

This Act, which came into operation on 1st October, 1968 replaced provisions found in certain Sections of the Public Health Act 1936 and Section 26 of the Food and Drugs Act 1955.

A full list of the infectious diseases which are now defined as a "notifiable disease," and food poisoning, is given below:—

Acute Encephalitis	Leprosy	Scarlet Fever
Acute Meningitis	Leptospirosis	Smallpox
Acute Poliomyelitis	Malaria	Tetanus
Anthrax	Measles	Tuberculosis
Cholera	Ophthalmia	Typhoid Fever
Diphtheria	Neonatorum	Typhus
Dysentery (Amoebic or Bacillary)	Paratyphoid Fever	Whooping Cough
Infective Jaundice	Plague	Yellow Fever
	Relapsing Fever	

The following diseases hitherto notifiable under regulations made under Section 143 of the 1936 Act cease to be notifiable: Acute Primary Pneumonia, Acute Influenzal Pneumonia, Puerperal Pyrexia and Acute Rheumatism. Membranous Croup, Erysipelas and Scarlatina have been omitted as irrelevant to modern conditions.

Table XV. Notifications made to Medical Officers of Health during the year ended 31st December, 1969

			<i>Isle of Wight Rural Dist.</i>	<i>Cowes</i>	<i>New- port</i>	<i>Ryde</i>	<i>San- down Shank- lin</i>	<i>Vent- nor</i>	<i>Totals</i>
Acute Meningitis	...	...	2	—	—	1	—	—	3
Infective Jaundice	...	...	—	2	—	—	—	—	2
Malaria	...	...	—	—	—	—	1	—	1
Measles	...	...	79	183	183	46	14	—	505
Scarlet Fever	...	...	1	3	5	1	1	4	15
Tetanus	...	...	—	—	—	1	—	—	1
Typhoid Fever	...	...	1	—	—	—	—	—	1
Whooping Cough	...	...	—	2	1	3	1	—	7
Tuberculosis—Pulmonary	...	...	2	1	2	3	—	—	8
Tuberculosis—Non-Pulmonary	...	...	—	1	—	—	—	—	1
Food Poisoning	...	...	—	—	1	—	—	—	1
Totals	...	...	85	192	192	55	17	4	545

No notifications of Diphtheria, Smallpox, Paratyphoid Fever or Acute Poliomyelitis and Polio Encephalitis have been received for ten clear years.

Table XVI. Notifications of certain infectious diseases received for the ten years, 1960-1969

<i>Disease</i>	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Acute Encephalitis	1	2	—	1	1	—	—	—	—	—
Acute Meningitis	3	1	2	—	2	2	—	2	1	3
Infective Jaundice	—	—	—	—	—	—	—	—	—	2
Dysentery	8	2	1	2	—	199	19	4	73	—
Malaria	—	—	—	—	—	—	—	—	—	1
Measles	53	1910	166	1395	598	1354	502	1013	267	505
Ophthalmia Neonatorum	1	1	—	1	—	—	—	—	—	—
Scarlet Fever	66	43	10	41	38	30	16	22	6	15
Tetanus	—	—	—	—	—	—	—	—	—	1
Tuberculosis—Pulmonary	43	27	20	14	20	14	10	5	9	8
Tuberculosis—Non-Pulmonary	4	1	3	3	3	2	1	2	1	1
Typhoid Fever	—	—	1	—	—	—	—	—	—	1
Whooping Cough	35	162	9	63	47	39	31	75	12	7
Food Poisoning	5	52	93	3	36	25	204	19	—	1
Totals	219	2201	305	1523	745	1665	783	1142	369	545

REGISTRATION OF NURSING HOMES.

The Conduct of Nursing Homes Regulations, 1963.

No Nursing Homes were registered during 1969. Of the five Homes registered, three are for medical cases only and two for convalescent cases only.

Visits of inspection to all registered homes were made by the County Nursing Officer during the year.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

During 1969, six playgroups and twelve child minders were registered. One playgroup registration was cancelled and twenty-six playgroups and fifteen child minders were on the register at 31st December, 1969.

Quarterly visits of inspection to all registered premises were made by the Chief Nursing Officer during the year.

FOOD AND DRUGS ACT, 1955: SECTION 31

Milk.

Samples of milk were taken from Island herds during the year by the staff of the Weights and Measures Department of the Council. These samples were examined at the Public Health Laboratory, Portsmouth, and I am grateful to Mr. G. Holden, Chief Inspector of Weights and Measures for the following information :—

Table XVII. Number of samples collected and results of examination

<i>Class of Milk</i>			<i>No. of Samples Tested</i>	<i>Appropriate Tests</i>	<i>Number of Samples</i>		
					<i>Passed</i>	<i>Failed</i>	<i>Void</i>
Ultra heat treated	...	...	1	Colony count	1	—	—
Pasteurised	...	...	44	Phosphatase Methylene Blue	44 41	— 3	— —
Untreated	...	...	114	Methylene Blue	96	18	—
Untreated	...	...	342	T.B. Biological Brucellosis	342 336	— 6	— —

Brucella Abortus.

Positive brucella results are communicated to the two District Medical Officers of Health and the Divisional Veterinary Officer of the Ministry of Agriculture is also informed.

MEDICAL EXAMINATIONS.

Examinations carried out by the Medical Staff during the year can be summarised as follows :—

(1) Children in Care

Boarded-Out Children

These children are examined six-monthly until two years of age and then annually, being seen whenever possible in the foster homes.

Children in Council Homes

These children are seen on admission by Local Medical Practitioners and then annually by the Council's Medical Officers.

(2) Local Authority Staff

Superannuation medical examinations									
Number examined	...	...	...	...	...	...	...	...	170
Accepted	...	...	...	...	...	...	...	...	169
Failed	...	...	...	...	...	...	...	...	1
Under review	...	...	...	...	...	...	...	...	Nil

(3) Medical Examination of Teachers

Entrants to Training Colleges	...	...	...	...	...	...	...	...	92
Entrants to employment as teachers by Isle of Wight Education Committee	...	...	...	...	...	...	...	...	29
									<hr/> 121 <hr/>

VOLUNTARY AND OTHER ORGANISATIONS.

British Red Cross Society.

During the past year the Society has continued to co-operate and assist the County Council in as many ways as possible, in nursing and welfare work.

Trained members of the Voluntary Aid Detachments have helped by :

- (a) Escorting numerous sick, elderly and disabled persons to all parts of the County by train, car or ambulance.
- (b) Providing regular attendance at County Infant Welfare, Pre and Post Natal and Remedial Exercise Clinics, School Medical and Dental Inspection, Immunisation and Vaccination Clinics, Physiotherapy Clinics and Foot Clinics.
- (c) Visiting and assisting in the homes of elderly and sick people at the request of District Nurses.
- (d) Manning First Aid Posts at many public functions.
- (e) Organising Training Courses open to the general public in Nursing and First Aid, etc.

The six Clubs for the Disabled in Newport, Ryde (2), East Cowes, Totland Bay and Lake continue to flourish with increased membership, now amounting to approximately 130 disabled persons. The wide variety of crafts taught and the standard of workmanship achieved has been demonstrated at "Open Days." The general public have shown a keen interest in these events and have purchased many of the articles on

display. Club Leaders, with the help of volunteers who provide regular free transport for the disabled, have also arranged numerous parties and outings.

The Society also runs Medical Loan Depots at Arreton, Cowes, East Cowes, Godshill, Newport, Niton, Ryde, Shanklin, Totland Bay and Ventnor. During 1969 the total number of 1,186 articles were loaned ranging from sick room requisites to wheelchairs, crutches, etc.

A number of aids for the Disabled were also supplied, many at the request of Health Visitors and District Nurses.

M. E. GILES,
Branch Director.

St. John Ambulance Brigade.

The St. John Ambulance Brigade provides First Aid services of every kind throughout the Island, wherever the need arises. Members are on duty at public functions of all types, from small village shows and sports to the largest events, such as Cowes Week, the Royal Isle of Wight Agricultural Show and the Island Industries Fair. (It may be of interest to note that at the much publicised "Pop" Festival held during the year the Brigade set up and manned a Field Hospital, at which over 400 casualties were treated).

Other services include the staffing of beach first aid posts during the summer months, the loaning of medical requisites to patients, and the organising of training courses in first aid, nursing and allied subjects, for the general public and for members of other organisations as well as for maintaining the high standard of efficiency expected of Brigade members.

Mini buses for the conveyance of elderly and handicapped people to Church, to public functions and to visit their relatives in Island hospitals are maintained and run by the Brigade in the Ventnor, Godshill, Ryde and Newport areas.

Brigade members also assist the community individually in many ways—as nursing auxiliaries in hospitals, in nursing in the home, in rendering first aid to casualties in accidents, and in moving infirm patients from room to room or up and down stairs within their own homes.

F. R. B. H. KENNEDY, M.B.E., Kt.St.J., L.R.C.S., L.R.C.P.,
L.R.F.P. & S., J.P., *County Commissioner.*

Isle of Wight Marriage Guidance Council.

The Isle of Wight Marriage Guidance Council is an entirely voluntary organisation. It consists of a Council to which anyone may belong who is prepared to pay a small annual subscription. These help make possible the day-to-day running of the Island body which is controlled by a Committee who meet once a month.

The headquarters at 122 Lower St. James Street, Newport, are used for counselling and case discussion and counselling is also carried out at the following Centres :—

Health Clinic, Pyle Street, Newport.
Health Clinic, The Fairway, Lake.
Health Clinic, Well Street, Ryde.
Nurses' Home, Monkton Street, Ryde.
St. Catherine's Home, Ventnor.

Thanks are expressed to the County Council, Sister Joanna and all concerned for the use of these premises.

The work falls into two parts :—

Counselling—which is completely confidential and which is concerned with married people. There were 36 new cases in 1969. Interviews with either wives, husbands or jointly totalled 213, involving 84 children under 16 years of age.

Educational—which consists of courses and discussion groups for pre-marriage couples and Youth Clubs. During 1969 there have been the usual weekly sessions with the Lower Sixth at Carisbrooke Grammar School and the Middle Sixth at Sandown Grammar School. Three groups of Lower Sixth girls have held discussions at Upper Chine School.

Youth Clubs have come to the fore again this year and ten sessions have taken place including Cowes, Newport and Ryde. 18 plus is a new group on the Island and discussions have been held at the Newport and Ryde Branches.

Considerable interest has been aroused by the B.B.C. programmes on Sex Education in Primary Schools. Several Young Wives Groups have discussed the subject.

Two interesting sessions were held at Youth Leader training weekends at Shanklin and Cowes.

All workers are trained under the National Association and give their services free. Enquiries should be made to the Hon. Secretary, Mrs. K. Pritchard, A.T.C.L., Sea Reach, Inglewood Park, St. Lawrence, Ventnor, I.W., and appointments for interview should be made with the Appointments Secretary, Mrs. A. Glenny, B.A., Dip.Sc., Shore Mead, Fishbourne, Telephone Wootton Bridge 247.

Catholic Marriage Advisory Council.

The Catholic Marriage Advisory Council (Isle of Wight Centre) is concerned to support and strengthen Christian family life.

Its work includes reconciliations, family group discussions, work with teachers in schools, help to parents regarding sex education of their children and confidential interviews for those who need assistance with marriage problems.

The services of trained counsellors, working in conjunction with doctors, lawyers and priests are freely available through the centre.

All enquiries to Hon. Secretary, C.M.A.C. (Isle of Wight Centre), 6 Westhill Drive, Shanklin. Telephone Shanklin 3331.

Reports on the work of the **Isle of Wight Old Peoples' Welfare Association** and the **Women's Royal Voluntary Service** are included in the sections dealing with Welfare.

MENTAL HEALTH SERVICES.

Account of work undertaken in the community.

(i) *Investigation with a view to admission to psychiatric hospital.*

During 1969 the Mental Welfare Officers who carry out the statutory requirements of the Mental Health Act 1959, investigated 128 cases of persons reported to be suffering from mental illness and possibly in need of psychiatric treatment. The numbers similarly dealt with in the preceding eight years are shown in the following table.

Table XVIII

Year	...	...	1961	1962	1963	1964	1965	1966	1967	1968	1969
Cases	...	...	133	126	128	143	123	121	144	138	128

In the course of these investigations 7 of the persons concerned were found not to be in need of hospital treatment and were given such advice and assistance as was necessary. In the remaining 121 instances, the persons involved were considered to require hospital care and were admitted as indicated below:

Informal admission	...	...	...	...	...	...	...	...	...	23
Section 25 of the Mental Health Act (admission for 28 days' observation)	...	...	...	...	...	...	...	...	...	12*
Section 26 of the Mental Health Act (admission for treatment)	...	...	...	...	...	...	...	...	...	4
Section 29 of the Mental Health Act (emergency admission for 3 days' observation)	...	...	...	...	...	...	...	...	...	81†
Section 60 (admission on Court Order)	...	...	...	...	...	...	...	...	...	1

*Seven of these patients subsequently agreed to remain in hospital on an informal basis, two were dealt with under Section 26 of the Act, two were discharged at the expiration of the period of observation, and one died before the expiration of that period.

†Twenty-one of these patients became informal patients at the expiration of the three days' observation, fifteen were discharged at the end of that period, two were dealt with under Section 26 of the Act, and forty-three were dealt with under Section 25 of the Act. Of these forty-three patients, twenty-four later became informal patients, seven were dealt with under Section 26 of the Act, nine were discharged at the end of the extended period of observation, and three died before the expiration of that period.

(ii) *After-care of persons discharged from psychiatric hospital.*

Twenty-four persons suffering from mental disorder were referred for after-care following discharge from a psychiatric hospital, or following out-patient treatment at such a hospital. The Mental Welfare Officers maintain regular contact with such patients whilst they continue to reside in the community. In addition regular weekly meetings are held between the Mental Welfare Officers and the Social Workers of Whitecroft Psychiatric Hospital to discuss after-care arrangements for patients due for discharge from that hospital and the progress of patients already receiving after-care.

This Authority is continuing to maintain one man in a Mental Rehabilitation Hostel on the mainland, to which he was admitted in 1965 following his discharge from a psychiatric hospital.

(iii) *Ascertainment of mental subnormality.*

Twenty-three additional persons were referred to the Mental Welfare

Service during the year of whom ten were transferred from the mainland and one was referred for after-care on discharge from a psychiatric hospital and is included in the figures given in (ii) above. The following tables give details regarding sources of referral and action taken.

Table XIX

	<i>Male</i>		<i>Female</i>		<i>Total</i>		<i>Grand Total</i>
	<i>Under 16</i>	<i>Over 16</i>	<i>Under 16</i>	<i>Over 16</i>	<i>Under 16</i>	<i>Over 16</i>	
Referred by:							
Local Health and Welfare Department	2	2	4	1	6	3	9
Other Local Authorities	—	3	1	—	1	3	4
Parents	1	1	—	4	1	5	6
Other Sources	—	2	1	1	1	3	4
Totals	3	8	6	6	9	14	23

In connection with these 23 cases, action was taken as follows :—

Table XX

	<i>Male</i>		<i>Female</i>		<i>Total</i>		<i>Grand Total</i>
	<i>Under 16</i>	<i>Over 16</i>	<i>Under 16</i>	<i>Over 16</i>	<i>Under 16</i>	<i>Over 16</i>	
Arrangements made for home visits	—	2	—	3	—	5	5
Arrangements made for home visits in addition to attendance at Training Centre...	3	6	5	2	8	8	16
Arrangements made for Residential Training	—	—	—	1	—	1	1
Boarded Out	—	—	1	—	1	—	1
Totals	3	8	6	6	9	14	23

(iv) *Guardianship and Supervision.*

The total number of mentally disordered persons supervised in the community by this Authority on the 31st December, 1969, was 291 and can be summarised as follows :—

Table XXI

	<i>Male</i>		<i>Female</i>		<i>Total</i>		<i>Grand Total</i>
	<i>Under 16</i>	<i>Over 16</i>	<i>Under 16</i>	<i>Over 16</i>	<i>Under 16</i>	<i>Over 16</i>	
Receiving Home Visits	21	112	24	133	45	245	290
Guardianship	—	—	—	1	—	1	1
Totals	21	112	24	134	45	246	291

Of the three patients reported as being under the guardianship of the Chief Mental Welfare Officer at the end of 1968, two ceased to be so dealt with during the year under review, as it was felt that the control afforded by guardianship arrangements was no longer required. The Chief Mental Welfare Officer, in conjunction with other members of his staff, has continued to supervise the one patient remaining under his guardianship at the end of the year, and to give advice and help as required from time to time. This patient has also been visited at least once a year by a Medical Officer.

The remaining 290 patients shown as receiving home visits are seen by the Mental Welfare Officers as frequently as may be necessary in view of their particular circumstances.

(v) *Residential Care.*

At the end of the year this Authority was maintaining 25 mentally disordered persons in residential accommodation and these are summarised in the following table:—

Table XXII

<i>In accommodation provided by :</i>	<i>Male</i>		<i>Female</i>		<i>Total</i>		<i>Grand Total</i>
	<i>Under 16</i>	<i>Over 16</i>	<i>Under 16</i>	<i>Over 16</i>	<i>Under 16</i>	<i>Over 16</i>	
This Authority ...	—	7	—	4	—	11	11
Other Local Authorities ...	1	1	—	—	1	1	2
Other Organisations ...	3	6	1	2	4	8	12
Totals ...	4	14	1	6	5	20	25

During 1969, one three-year-old girl was boarded out with foster parents under the scheme introduced towards the end of 1967.

(vi) *Admission of subnormal patients to hospital.*

During the year arrangements were made for the admission of twelve subnormal patients (seven male and five female) to psychiatric hospitals and hospitals for the subnormal.

(vii) *Medina House School and Medina Training Centre.*

I am indebted to Mrs. C. E. Richardson, Supervisor of Medina House School and Medina Training Centre, for the following report on the work and activities of these establishments during the year under review :

“(a) *Medina House School.*

On 31st December, 1969, there were 42 children and nursery children on the register of Medina House School, 7 of whom were attending on an informal basis not yet formally ascertained severely sub-normal. All suitable children of school age known to the department between the ages of 5 and 16 years are in attendance unless it is evident that they are receiving adequate training elsewhere having regard to their particular limitations.

The general aims of the school are to give such teaching and training to the severely sub-normal child as will render his integration with society an easy process. Much emphasis is placed, therefore, on providing as much social experience as possible. Child-

ren are taken out into the community in order that they may learn to use shops, cafes and public transport and, in the case of younger children, parks and recreation grounds.

In the Transition, Junior and Nursery Groups training continues in "self help" and every child is encouraged to dress and undress, use the lavatory properly, wash his hands and behave well at meal times. A number of children are unable to care for themselves, due to physical disabilities or severe mental handicap. They are catered for in the Special Care room where much time is spent on toilet training, self feeding and learning to walk. Many of our young children even have to learn to play. The staff endeavour to encourage play activities which will lead to further achievements.

The adolescent children receive education at approximately the infant school level, but as they have the life experience of a teenager a somewhat different approach is necessary. These boys and girls are able to enjoy shopping for ingredients and cooking their own meal once a week. A system of work experience has been devised for those reaching fifteen years. They spend one day a week on "day release" working at the Medina Training Centre. When the time comes for permanent transfer to the adult centre there are no problems, as the staff, work and general lay out of the buildings are familiar to them.

(b) Medina Training Centre.

On the 31st December, there were on the register of the Centre 42 sub-normal trainees and 9 spastics (three of whom were also sub-normal). Mr. D. Heale and Mrs. J. Heale were appointed to the permanent staff as Assistant Supervisors in April. The appointment of Mrs. Heale made the introduction of a more intensive programme of domestic training possible. Both men and women receive training in cleaning a bedroom, sitting room and kitchen. They are given instruction in simple cookery and learn to serve the mid-day meal and wash and sterilise the crockery and cutlery afterwards.

Craft work has now been dropped as a daily occupation but many trainees continue this as a leisure time activity.

During the year, a considerable amount of industrial work was carried out. This included reflectors for radar meteorological work, display boxes for cigarette lighters and painting operating levers for lighters. View cards were counted and repacked in packs of 100 and greetings cards were heat sealed in plastic film. The number stamping of work production sheets for a telephone manufacturing company provided work for two trainees. For several months a group of trainees were employed on assembling and winding square sea fishing frames and furnishing them with weights, booms and hooks. Alarm bell pegs for anglers were also made up.

The printing press, although somewhat limited in scope, has produced good work. The largest job being the printing of the programme for the "Calbourne Colossus" (fete of the Isle of Wight Society for Mentally Handicapped Children), which necessitated 9,000 operations of the press.

The pottery section has produced many useful articles and no market has been sought for these items as stocks have been bought as soon as produced. In addition several small orders have been executed. A stall was manned for the centre pottery at the Calbourne Colossus and the Agricultural Show.

A Mrs. Wendy Kirkland worked at the centre one day a week in a voluntary capacity for a few months towards the end of the year.

(c) General.

Services such as milk, meals, dental and medical supervision and transport are available to the children. The swimming pool provided enjoyment for children and adults when the weather permitted.

Sports Day for both centres was held at the beginning of July. The day was fine and there was strong competition to win the cups and prizes which were presented by Alderman J. A. Brazier, M.B.E., J.P.

As with normal children, the severely sub-normal are interested in animals and nature, and this interest is fostered in order to extend the vocabulary and widen the general knowledge. During June, the Transition Group was taken to walk the forest trail opened by the Forestry Commission to mark their 50th anniversary. An enjoyable morning was spent in Parkhurst Forest where several kinds of birds and insects were seen and heard. The children were shown the many ways the timber is used by the foresters and they enjoyed seeing the drawings and paintings which had been submitted by children from normal schools.

On 16th July, the children were taken to Puckpool Park for their summer outing. The weather was kind and an enjoyable day was spent on the beach.

The adults took their works outing in September when a visit was made to Brighton to see the dolphins at the aquarium.

The last week of the term was a busy one. The works Christmas Dance was held on 16th December. After work, everyone had tea and then danced and played games until 7.30 p.m. Mr. Arthur Guy, C.G., was an excellent M.C.

On 17th December, both centres combined for a Carol Service in St. Paul's Church, Barton. The Rev. W. Boardman conducted the service and a boy and girl and a man and a woman read the four lessons. The children's party was held the next day and once again Mr. Guy aided the staff and impersonated Father Christmas to the delight of all present.

Mr. D. Cooper, an Assistant Supervisor at Medina Training Centre, attended a one week course organised by the Spastics Society, 'The adult spastic in the hostel and senior training centre.'

Mr. H. Bradley, Workshop Manager at Medina Training Centre, and Mrs. W. Chipman, an Assistant Supervisor at Medina House School, attended a one week course designed for staffs of local authority Junior and Adult Training Centres called 'Education and Work,' at Twickenham."

Survey of prevalence of subnormality.

During the year assistance has continued to be given to Dr. A. Kushlick, Director in Research in Subnormality, Wessex Regional Hospital Board, in connection with this survey.

Co-ordination with the Hospital Service and General Practitioners.

Close co-operation continues to be maintained between family doctors and the Mental Welfare Officers.

During the year under review three members of the County Council were also members of the Isle of Wight Group Hospital Management Committee and two of these members were on the Whitecroft and Longford Hospitals House Committee. In addition the County Medical Officer attends meetings of that House Committee by invitation when psychiatric matters are under discussion. This arrangement results in very close liaison between the local Health Authority and the Hospital Authorities. There also continues to be an excellent working relationship between this Authority's Mental Welfare staff and the staff of the hospitals concerned.

The Joint Working Party set up in 1967 to consider current problems in the field of mental health in the Isle of Wight and to suggest ways in which, through joint action, the needs of the community can best be met, has continued to meet regularly during the year under review. The constitution of the Working Party consists of representatives of the local Health Authority, the Isle of Wight Hospital Management Committee, and the local Medical Committee, together with two co-opted members from the Wessex Regional Hospital Board. Seven meetings of the Working Party have been held since its inception in 1967 and the subjects discussed have included: mentally ill and mentally subnormal patients in Island hospitals; a proposed psychiatric day hostel at St. Mary's Hospital, Newport; psychiatric social workers; health visitors; the education of mentally subnormal children in hospital; and communications. The exchange of views which takes place between the repre-

sentatives of the different bodies involved has proved most useful in formulating a coordinated policy in connection with the development of the Mental Health Services within the area.

I am indebted to Dr. H. M. McBryde, Medical Superintendent of Whitecroft Hospital for the following comments which he has kindly submitted for inclusion in my report on the work carried out at his hospital during 1969 :—

“The Hospital Service is provided by the Isle of Wight Hospital Group, and is of course quite distinct from the Local Health Authority Service. However, there is a considerable mutual overlap of activities particularly in the field of mental health. Accordingly there is a constant exchange of information and views, and increasingly effective informal co-ordination, in particular of social work, to avoid unnecessary duplication of effort.

I welcome the opportunity to provide you with an indication of the size and nature of the psychiatric hospital service which we provide, as shown by the following figures :

Number of admissions	...	...	...	...	...	...	...	465
Number of discharges	...	...	...	...	...	...	...	392
Number of deaths	...	...	...	...	...	...	...	82
Proportion of re-admissions	...	...	...	...	...	...	...	48.15%
Proportion of admissions over 65	...	...	...	...	...	...	...	28.6%
Proportion of discharges and deaths over 65	...	...	...	...	...	...	...	33.7%
Number of out-patient newly referred patients	...	...	...	...	...	...	...	585
Number of out-patient attendances	...	...	...	...	...	...	...	2529

NATIONAL ASSISTANCE ACT 1948

Administration.

The County Council have delegated to their Health and Welfare Committee their statutory functions under the National Assistance Act, 1948, and the County Medical Officer, in his capacity as County Welfare Officer, is responsible for the day to day administration of the Council's various services provided under the Act. In this he is assisted by the Chief Social Welfare Officer, five Social Welfare Officers (one of whom is designated Senior Social Welfare Officer), one relief Social Welfare Officer, one Welfare Officer for the Blind, the clerical staff of the Welfare Section and the Matrons and staff of the five Old People's Homes.

One Welfare Officer returned to duty in July, having completed a two-year course at Portsmouth College of Technology and obtained the National Certificate in Social Work.

During the year there were two changes of Matron. Miss M. Fairfield commenced duty as Matron of St. Lawrence Dene, Ventnor, in April. In December Miss E. Way transferred to Steephill, Ventnor, and was succeeded at Inver House, Bembridge, by Mrs. W. Pratt.

With the kind co-operation of Dr. Laidlaw, Consultant Geriatrician at St. Mary's Hospital, Newport, arrangements were made towards the end of 1969 for a series of one-day courses to be held at the hospital for the benefit of attendants in the Council's Old People's Guest Houses. These were well attended and proved very useful—particularly to those attendants who had only recently joined the staff.

The Isle of Wight Society for the Blind are the Council's agents for the welfare of the blind and partially sighted on the Island and there is very close co-operation between the Secretary of the Society and the Council's own Welfare Officer for the Blind.

Similarly the Hampshire, Isle of Wight and Channel Islands Association for the Deaf are the Council's agents for the welfare of the deaf and hard of hearing in the area.

A wide range of duties is carried out by the Welfare Officers in connection with the general well-being of the elderly and handicapped. In addition to keeping in touch with elderly and handicapped people in the community and offering such advice and help as may seem appropriate, they also arrange for the admission of such people to residential accommodation when the need arises and give any assistance which may be required in sorting out the personal affairs of people so admitted.

The Welfare Officers have an opportunity of discussing their own mutual problems at periodic staff meetings and joint meetings are also held at district level between these Officers and members of the Nursing Staff.

Talks by Welfare Officers to various organisations continue to be a popular and useful method of stimulating public interest in the Council's Welfare Services. During 1969, 23 such talks were given.

Welfare Services for the aged.

General Social Welfare.

There has continued to be an excellent working relationship between Dr. E. F. Laidlaw, the Regional Hospital Board's Consultant in Geriatrics, and the Officers of the Health and Welfare Department. This results in a remarkable lack of administrative difficulties between the two Authorities at Officer level. The promptness with which residents in the County Council's Old People's Guest Houses are admitted to hospital when in-patient treatment is required (sometimes in exchange for a hospital patient who is ready for discharge but needs continued residential care) is proof in itself of the excellent spirit of co-operation which exists.

During the year under review the residents in the Council's Guest Houses have continued to benefit from the interest taken in them by many voluntary organisations and by people living in the vicinity. The entertainments and social functions arranged and the friendly visits paid have been greatly appreciated and have done much to keep our elderly residents (especially the less active amongst them) in touch with life outside their own community.

Chiropody.

Chiropody is provided free of charge to all residents in the Council's Guest Houses who require it, regular visits being paid to each Guest House for this purpose by a local chiropodist.

I.W. Old People's Welfare Association.

Miss M. C. Crossley, Hon. Secretary of the Isle of Wight Old People's Welfare Association has kindly submitted the following information regarding the work of the Association during 1969 :—

"The major work of the Association at the moment is the endeavour to help elderly residents with chiropody. With this in mind, the Chairman, Mr. Rath, and Dr. Machell are endeavouring to ascertain from the practising chiropodists whether or not adequate coverage would be available for the large numbers of cases generally accepted as still in need of attention. This matter is receiving attention at the moment.

The Chairman has stressed the need for closer liaison with the Isle of Wight County Council to discuss how best the Association could assist the statutory authority in the matter of needs of elderly people, particularly in the light of legislation now pending: this matter has now been arranged and a meeting will take place shortly.

Reports from the Groups in Cowes, Newport, Ryde and Shanklin show good work being done there in visiting elderly people, running a day centre at Cowes, maintaining touch with the hospital at Ryde to help elderly patients in their own homes after discharge and, of course, help in chiropody.

Welfare Week was helped by a talk and films from Dr. Machell.

A new innovation was the exhibition of elderly peoples' handicrafts held in a tent at the Agricultural Show where pamphlets emphasised the objects of the Association—and members were on hand to discuss any questions brought forward."

"Meals on Wheels" Service.

This service has continued to flourish during the year under review and is an important factor in enabling elderly people to live in their own homes as long as possible, particularly when combined with the County Council's other domiciliary services. The Women's Royal Voluntary Service carry out the day to day administration of the scheme on the Council's behalf and the meals provided are supplied from three sources: from the County Council's Old People's Guest Houses in Newport, Shanklin, Ventnor and East Cowes, from local cafes in Sandown and the West Wight and from the kitchen of the Women's Royal Voluntary Service Day Centre in Ryde.

Meals are supplied twice weekly in each of the areas served, with the exception of Shanklin, where the supply is restricted to once a week on account of delivery difficulties. The average weekly number of meals supplied in each area during 1969 was as follows :—

Newport	...	...	...	...	44
Ryde	...	...	...	...	59
Shanklin	...	...	...	...	14
Cowes	...	...	...	...	44
West Wight	...	...	...	...	31
Ventnor	...	...	...	...	40
Sandown	...	...	...	...	47

Old People's Luncheon Clubs.

The Old People's Luncheon Clubs run by the Women's Royal Voluntary Service in Newport and Ryde have continued to function during the year, and as evidence of their popularity, the number of meals served in these two areas was as follows :—

Ryde	...	...	...	...	3,923
Newport	...	...	...	...	1,946

Ryde Day Centre.

Many of the more active elderly people living in the Ryde area derive considerable benefit from attendance at the Day Centre run by the Women's Royal Voluntary Service in that town.

National Assistance Act 1948—Part III.

Section 21 (1) (a)—Residential Accommodation.

During 1969, work commenced on Steephill Guest House, Ventnor, which will provide accommodation for a further 50 residents. At the end of the year the residential accommodation provided on the Isle of Wight directly by the County Council under this Section of the Act was as follows :—

- 1.—Polars and Blind Home, Newport—For 30 elderly and 26 elderly blind persons.
- 2.—St. Lawrence Dene, Ventnor—For 51 elderly persons.
- 3.—Osborne Cottage, East Cowes—For 38 elderly persons.
- 4.—Elmdon, Shanklin—For 50 elderly persons.
- 5.—Inver House, Bembridge—For 59 elderly persons.

Section 21 (1) (b)—Temporary Accommodation.

During the year under review, two properties, each suitable for one family, have been obtained for the provision of temporary accommodation for families rendered homeless as a result of fire, flooding or other unforeseen circumstances. Accommodation is also made available in the County Council's Old People's Guest Houses for this purpose should the necessity arise.

Section 26.

At the end of the year the Authority also maintained 10 aged persons in accommodation provided by voluntary organisations, viz. :—

W.R.V.S. Residential Club, "The Briars," Sandown ...	...	...	...	4
Weston Manor, Totland ...	...	...	...	1
Easthill Home for the Deaf, Ryde ...	...	...	...	1
W.R.V.S. St. Cross Grange, Winchester ...	...	...	...	1
Methodist Home for the Aged, Hitchin ...	...	...	...	2
W.R.V.S. Extra Care Club, Bourne End, Bucks. ...	...	...	...	1
				<hr/>
				10
				<hr/>

Welfare arrangements for Handicapped Persons.

Blind.

The following information has been supplied by Mrs. N. B. Taylor, Secretary of the Isle of Wight Society for the Blind.

Registration.

The number of registered blind persons on the 31st December, 1969 was 305 (123 males and 182 females) compared with 326 (126 males and 200 females) on the 31st December, 1968. During the year, 19 new persons were registered (8 males and 11 females), and 5 persons were transferred to the Island. During the same period, 42 persons (12 males and 30 females) died, 2 females were de-certified and one person was transferred to the mainland. The ages of the blind population are shown in the following table :—

Table XXIII

0—1 year		2—4 years		5—15 years		16—20 years		21—39 years		40—49 years		50—64 years		65 years and over		Total		Grand Total
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
1	1	1	1	4	3	1	2	13	6	10	4	20	19	73	146	123	182	305

Causes of Blindness in New Registrations.

	Cataract	Glaucoma	Diabetes	Other	Total
Treatment recommended	1	—	—	—	1
No treatment recommended	1	1	1	15	18

Employment.

At the end of the year, 15 blind persons (13 male and 2 female) were usefully employed and details of the employment were as follows :—

	Male	Female	Total
Typist	1	—	1
Shopkeepers	4	—	4
Gardener	1	—	1
Clergyman	1	—	1
Physiotherapists	1	1	2
Machine tool operator	—	1	1
Basket maker	1	—	1
Mat maker (Workshops)	1	—	1
Labourer	1	—	1
Sales Representative	1	—	1
Fitter and Assembler	1	—	1
	13	2	15

Blind Persons with other disabilities.

During the year a total of 89 persons (38 male and 51 female) were known to be suffering from other disabilities, and these can be classified as follows :

Table XXIV

	Male	Female	Total
Mentally Ill	1	4	5
Mentally Subnormal	6	5	11
Physically Defective	20	31	51
Deaf with Speech	1	—	1
Hard of Hearing	4	6	10
Mentally Ill and Physically Defective	2	—	2
Mentally Ill and Deaf with Speech	1	—	1
Mentally Subnormal and Physically Defective	—	1	1
Mentally Subnormal and Deaf without Speech	—	1	1
Physically Defective and Deaf with Speech	—	2	2
Physically Defective and Hard of Hearing	1	—	1
Mentally Subnormal, Physically Defective and Deaf without Speech	1	—	1
Mentally Subnormal, Physically Defective and Deaf with Speech	1	—	1
Mentally Subnormal, Physically Defective and Hard of Hearing	—	1	1
	38	51	89

Partially Sighted.

Registration of Partially Sighted Persons.

During the year, 7 new persons were registered (1 male and 6 female) and two persons were transferred to the Island. Three persons (1 male and 2 female) died and one person was transferred to the blind register on deterioration of sight. On the 31st December, 1969, the number of registered partially sighted persons was 75 (25 males and 50 females) and the following table gives their age groups :—

Table XXV

0-1 years		2-4 years		5-15 years		16-20 years		21-49 years		50-64 years		65 and over		Total		Grand Total
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
—	—	—	—	1	1	2	1	2	3	5	3	15	42	25	50	75

General.

The Society, as agents of the County Council for registration and blind welfare, has, with the aid of increased voluntary support, been able to maintain the standard of service which has been given in the past.

During the year, fuel, food, clothing, white sticks, notepaper, writing frames, wireless sets, talking books, handicapped persons' cookers, have been given as well as wireless repairs and batteries and where necessary, financial assistance.

The holiday scheme has continued and either a fortnight's holiday at one of the blind holiday homes or a grant towards a private holiday has been received by 18 blind persons.

Handicraft classes are held twice weekly and two Social Clubs meet fortnightly at the Handicraft and Social Centre at Polars.

Deaf and Hard of Hearing.

The Rev. R. G. Young, Secretary of the Hampshire, Isle of Wight and Channel Islands Association for the Deaf, has submitted the following report on the year's work in connection with the deaf and hard of hearing on the Isle of Wight :—

“Welfare.

The Superintendent of Easthill Home for the Deaf (Mr. W. H. Styan) carries out the welfare work in the Isle of Wight and made 160 visits to the deaf and hard of hearing during this period. He dealt with nine special cases, six of which were concerning deaf people resident in the Island and three in connection with residents of the Home. In two cases they related to accidents when assistance was required by the hospital authorities. There were also visits to the Hearing Aid Clinic, Welfare Department, Department of Employment and Productivity and Social Security offices. Domestic problems entailed a number of visits, in some instances lasting several months periodically. A baby alarm has been provided for a young deaf couple.

The cases are always reported to the Association's Committee which meets in Southampton every month. There have always been Island representatives present.

Mr. Styan has attended 41 meetings of other organisations when he has been invited to give talks about deaf welfare.

Social Activities.

The Club Room at Easthill is normally open on Saturdays. The members may use the room at any time by arrangement. They are always welcome in the Home where the residents are pleased to see them. They have their own canteen facilities as well as a television set, and various indoor games. There were two special parties and an outing to Longleat. One of the members gained the Duke of Edinburgh's Gold Award. Students from grammar schools have visited Easthill. We were also pleased to welcome Alderman Mark Woodnutt, M.P. with the Mayor and Mayoress of Ryde.

Church Services.

There were 16 Services during the year conducted by Mr. Styan with the assistance of Canon Granger and representatives of the Baptist and Methodist Churches. The Association's Chaplain visited the Home for Communion Services on three occasions. Three members were Confirmed and there was a Baptism Service for the baby of a deaf couple. Eighteen people attended the Diocesan Service for the Deaf at Portsmouth.

Lip Reading Classes.

These have been held regularly at Newport under the leadership of Mrs. L. E. Alexander, and the attendance has increased.

Finance.

The Association's Report for the twelve months ended 31st March, 1969 shows that £1,319 was raised for the Voluntary Fund through Friends of the Deaf Groups and special donations. The Isle of Wight County Council also contributed £325.

Thanks.

We are very grateful for all the financial help received through the Friends of the Deaf Groups and for the co-operation of the Isle of Wight County Council Welfare Department. Mrs. D. E. Bird, the Chairman of the House Committee, continues to give sterling service to the deaf and, again, we are pleased to record our great appreciation of all she and her committee are doing in this connection".

The numbers of deaf and hard of hearing on our Register at the 31st December, 1969, are shown in the following table :—

Table XXVI

<i>Deaf without Speech</i>		<i>Deaf with Speech</i>		<i>Hard of Hearing</i>		<i>Total</i>		<i>Grand Total</i>
<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	
4	2	7	9	7	34	18	45	63

Physically Handicapped (General Classes).

Registration.

On the 31st December, 1969, 247 persons were registered as handicapped persons. The following table shows the classification :—

Table XXVII

	<i>Total</i>
Amputations	14
Arthritis and rheumatism	49
Congenital malformations and deformities	29
Diseases of the digestive and genito-urinary systems ; of the heart or circulatory system ; of the respiratory system (other than tuberculosis and of the skin	20
Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than tuberculosis) of the upper and lower limbs and of the spine	47
Organic nervous diseases, epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc.	67
Other mental and nervous conditions	7
Tuberculosis (respiratory)	11
Tuberculosis (non-respiratory)	1
Diseases and injuries not specified above	2
	<hr/> 247

Welfare of the Handicapped.

Registered handicapped persons are visited from time to time by the Welfare Officers who give such advice as may be indicated to help them overcome the effects of their disabilities, for example, by suggesting various gadgets and other aids which may be useful to them. Assistance has also been given during the year in arranging for adaptations to be carried out at the homes of handicapped people ; such adaptations have included, for example, help with the provision of a garage for a Ministry car, and a contribution towards the cost of a ramp and various handrails for a chairbound lady.

Workshop facilities are available in Medina Training Centre, Newport for 12 spastics whose physical condition renders them unemployable in open industry.

Disabled Persons' Clubs.

These Clubs, which are run by the Isle of Wight Branch of the British Red Cross Society at Newport, East Cowes, Freshwater, Ryde and Lake are very popular and continue to be well attended. In addition to providing occupation in the form of handicrafts, the organisers of the Clubs arrange outings and social functions and these are greatly enjoyed by the members, who might otherwise have little opportunity for social contacts.

Car Badges for Severely Disabled Drivers.

From the commencement of this scheme in 1961 until the 31st December, 1969, 63 severely disabled drivers had been issued with badges enabling them to be easily identified by other road users. These badges, whilst carrying no legal weight, have proved of great help to the handicapped drivers who display them. The Police have been very co-operative in helping such drivers to solve their parking difficulties and free car parking facilities are given by local Councils to badge holders.

Residential Care and Training.

On the 31st December, 1969, the Council maintained 6 physically handicapped persons in the following homes :—

Chalfont Epileptic Colony ...	...	...	...	...	...	3
Coombe Farm, Croydon ...	...	...	...	...	...	1
Le Court Cheshire Home, Liss ...	...	...	...	...	...	1
Shaftesbury House, Bournemouth ...	...	...	...	...	...	1
Total ...						<hr/> 6 <hr/>

National Assistance Act 1948—Part IV.

Section 37—Registration of Premises.

During the year under review, four applications were received for the registration of premises as Homes for Aged and/or Disabled Persons, three of which were subsequently withdrawn. The remaining one was still under consideration at the end of 1969.

Of the three applications which were still under consideration at the end of 1968, two were registered during 1969, and one was still under consideration at the end of 1969.

In addition, registration was cancelled in respect of one Home.

At the 31st December, 1969, 17 homes for aged and/or disabled persons were registered under this Section of the Act.

Section 47—Removal of Persons in need of Care and Protection.

Action was taken under this Section in 1969 in respect of four persons needing care and protection. One patient was admitted to Polars Guest House, Newport, two to the County Hospital, Ryde, and the remaining one to St. Mary's Hospital, Newport.

Section 48—Temporary Protection of Property of Persons admitted to Hospital, etc.

The Council accepted responsibility for the protection of the effects of an additional twelve persons during the year.

Section 50—Burial or Cremation of the Dead.

During the year, the Council accepted responsibility for the burial of four persons under this Section of the Act.

Boarding-out of Aged and/or Disabled Persons.

It has long been appreciated that for many elderly people in need of residential accommodation the community life of an Old Persons' Home is not the ideal solution. The County Council have continued, during the year under review, to make use of their scheme for the boarding out of certain elderly people with private householders, where this type of care seems to be more suitable. At the end of the year, five persons were so accommodated.

Special Housing for Elderly People.

The County Council have not taken part in any new schemes proposed

by District Councils during the year, but have continued to make contributions towards the three schemes already in operation in Newport, Ryde and Cowes.

Isle of Wight Community Services Council.

I am indebted to Mrs. L. Drayton-Meadows, Secretary of the Isle of Wight Community Services Council, for the following report on the work of that Council during 1969 :—

“Link Scheme.

During the past year the scheme has been extended to **Ryde** where the masters and pupils of Bishop Lovett School and Pell Lane School combined to survey the area of St. John's. This most rewarding survey arose from the Mayor's interest, and the support of the Council of Churches. Organisations have worked together, and although there are only three Street Links in the area—130 requests for some service were required, including some for snow clearing, gardening, and chiropody. Mr. les Filleul is the Emergency Postcard Secretary. Arrangements for chiropody, arising from the survey, have been made by the W.R.V.S. and the Old People's Welfare Association.

Interest has extended to other wards, and a new survey will be starting next month. Snow clearing has been undertaken by the Ryde Youth Club in the area already surveyed.

In **Sandown** the Scheme continues to expand. Young people from the Fairway School are supporting elderly people by doing their gardening, cleaning windows, and odd jobs in cases of infirmity ; and at Christmas by providing festive parcels for 40 people in Lake, Sandown and Brading. Also the Girls' Life Brigade made and delivered a table decoration and a calendar at Christmas for 30 people in Lake and Sandown. This is especially commendable as these young people are 11 and under.

The Lake Clinic which provides chiropody in co-operation with the W.R.V.S., the County Medical Officer, the Old People's Welfare Association, and the chiropodist Mr. R. Webb, has provided 94 treatments to 24 patients. This is expanding, and people from Brading are also able to obtain chiropody under this scheme.

Street Links are able to continue help in various ways, but in particular by helping people who are waiting to go into hospital, and after bereavement.

In **Ventnor** the local Secretary, Mr. J. Eden, has been able to keep in touch with Street Links, and to help by co-ordinating services. Also there has been, in co-operation with other organisations, the establishment of a clinic for chiropody in Upper Ventnor. The Rev. D. G. Hawkes is the Emergency Postcard Secretary in the area surveyed, and living in the area is able to know the needs as they arise.

In **Brading**, with the help of the Clerk of the Isle of Wight Executive Council (National Health Service), and the Pharmaceutical Committee, a scheme has been laid down for the collection of prescriptions. This has not been used to any great extent, but we feel it is a service which we have provided with the assistance of Miss F. E. Jones, the local Secretary, and we hope that this service would be used when necessary. Mr. McAuley has agreed to be the “duty messenger” for this service.

The young people of Fairway School continue to visit and to provide small services such as gardening, etc., and the young and the elderly enjoy these visits. We also have two Street Links working together to provide any additional supportive help that may be needed.

The **mini-buses** have proved invaluable and are used by many organisations, especially the disabled clubs, hospital visiting, entertainments, and luncheon clubs.

Help has continued to be given by member organisations and Street Links after initial visiting to people with particular problems. This has been in co-operation with the Welfare Department, Doctors, District Nurses, and relatives.”

School Health Service

To the Chairman and Members of the Education Committee of the Isle of Wight County Council.

Madam Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report as Principal School Medical Officer for the year 1969. This report is written at a crucial period in the history of preventive medicine. On the one hand are those who question the need in a National Health Service for separate school medical officers and on the other are those who see, with the advance of thought in education, new horizons for the specialty of the health of the school child.

The various services featured in this Report describe what was done in 1969 for those children discovered to need help of various kinds. No attempt has been made to quantify the problems not yet brought to light. The Tizard-Rutter-Whitmore Survey left no doubt about the existence of hitherto unmet needs particularly in the fields of reading, retardation and behaviour disorder, and exposed a field for future endeavour both satisfying to school medical officers and their colleagues, and rewarding in terms of benefit to the children. The incidence and distribution of certain conditions at the age of entering school shown in Appendix II point to the importance of a full assessment of the child's vision, hearing, speech and movement and his neurological, emotional and intellectual condition, any of which may contribute to difficulties in learning. To assist in this the school medical officer must have the time and enthusiasm to obtain from pre-school clinic records, from the family doctor (hospital where relevant), the health visitor, parent, teacher, psychologist, audiologist or others, information that will form a basis for any special educational treatment and counselling the child's parents and teachers.

In the health and education of the older child the selective and broadly based team-approach is equally essential, particularly in conditions such as cerebral palsy, spina-bifida, muscular dystrophy, asthma, epilepsy and other conditions. It is interesting to note that by comparison with 23 children out of 13,000 in 1959 there were out of over 15,000 children on the registers in 1969 only 15 in residential special schools—6 physically handicapped and delicate, 5 maladjusted, 3 with visual or hearing handicaps and 1 slow learner.

It would be wrong to disguise or underplay the need for more help in the school medical, psychological and welfare services or the common concern that early preventive work is underdeveloped because of pressures from established problems. However, co-operation is both cordial and effective at all levels and receptive to any changes for the better that may result from new legislation in the health and social services.

Any attempt to condense in this introductory letter the individual chapters which follow would not do justice to those specialist officers who each year make the sectional contributions which the Committee has in the past found so informative and stimulating and for whose loyalty and co-operation I am deeply indebted.

I have the honour to be, Ladies and Gentlemen,
Your obedient servant,

ROGER KEYS MACHELL.

GENERAL STATISTICS.

Schools and School Population.

The area covered by the Local Education Authority is 94,141 acres and the estimated population of the Administrative County in June 1969 was 102,100.

The number of pupils on the registers of maintained schools at 31st December, 1969 is shown below. Comparative figures for the previous year are also given.

					<i>No. of Pupils</i>	
					1969	1968
Primary Schools	...	...	...	...	8933	8553
Secondary Modern Schools	...	...	...	...	4324	4172
Secondary Grammar Schools	...	...	...	...	1632	1598
Watergate School (Primary and Secondary)	...	...	...	...	106	107
Forest Side School (age group integrated) and Spastic Treatment Centre	...	...	...	...	13	14
					<hr/> 15008	<hr/> 14444

In addition, there were 148 pupils aged between 15 and 18 years attending the Isle of Wight Technical College in Newport.

Incidence of various diseases affecting children attending ordinary schools.

Primary Schools—

Epilepsy (all forms)	...	...	...	...	...	...	...	...	50
Heart Conditions (including simple murmurs)	...	...	...	...	...	...	...	...	81
Diabetes	...	...	...	...	...	...	...	...	8
Asthma	...	...	...	...	...	...	...	...	128
Physically handicapped or delicate (excluding spastics)	...	...	...	...	...	...	...	...	19
Eczema	...	...	...	...	...	...	...	...	100
Other conditions	...	...	...	...	...	...	...	...	23

Secondary Schools—

Epilepsy (all forms)	...	...	...	...	...	...	...	...	34
Heart Conditions (including simple murmurs)	...	...	...	...	...	...	...	...	39
Diabetes	...	...	...	...	...	...	...	...	6
Asthma	...	...	...	...	...	...	...	...	79
Physically handicapped or delicate (excluding spastics)	...	...	...	...	...	...	...	...	43
Eczema	...	...	...	...	...	...	...	...	64
Other conditions	...	...	...	...	...	...	...	...	17

N.B.—These figures represent individual defects, some children suffering from more than one defect.

HANDICAPPED CHILDREN IN SPECIAL SCHOOLS.

At 31st December, 1969, 15 children (11 boys and 4 girls) were in 14 Residential Special Schools as compared with a total of 17 children the previous year.

The Schools concerned with the care of handicapped Island children were:—

<i>Category</i>	<i>Name of School</i>	<i>Boys</i>	<i>Girls</i>
<i>Blind.</i>			
	West of England School for Partially Sighted Children, Exeter	1	—
<i>Partially Sighted.</i>			
	Barclay School for Partially Sighted Girls, Sunninghill, Berkshire	—	1
<i>Partially Hearing.</i>			
	Ovingdean Hall School for Partially Deaf, Brighton	—	1

<i>Physically Handicapped.</i>					<i>Boys</i>	<i>Girls</i>
Trueloves School, Ingatestone, Essex	...	...	...	...	2	—
Burton Hill House School, Malmesbury, Wiltshire	...	...	...	...	—	1
St. Margaret's School for Spastic Children, Croydon, Surrey	...	...	...	...	1	—
<i>Delicate.</i>						
Pilgrims School, Seaford, Sussex	...	...	...	...	1	—
Elmer's Court School, Lymington, Hampshire	...	...	...	...	1	—
<i>Maladjusted.</i>						
Kingsmuir School, Stonelands, Sussex	...	...	...	...	—	1
Heanton School, Barnstaple, Devon	...	...	...	...	1	—
Pitt House School, Torquay, Devon	...	...	...	...	1	—
Camp Hill School, Aberdeen	...	...	...	...	1	—
Shotton Hall School, Shrewsbury	...	...	...	...	1	—
<i>Educationally Sub-Normal.</i>						
Allington Special School, Chippenham, Wiltshire	...	...	...	...	1	—

At the end of the year one physically handicapped girl was awaiting admission to a residential special school. No pupils ascertained as coming within the categories of deaf, epileptic, or suffering from speech defect, within the meaning of the School Health Service and Handicapped Pupils Regulations were attending residential special schools at the end of the year.

Children unsuitable for Education at School.

During the year one child was notified by the Local Education Authority to the Local Health Authority under Section 57 (4) of the Education Act, 1944 (as amended).

FOREST SIDE SCHOOL AND SPASTIC TREATMENT CENTRE

Head Teacher: Mrs. U. Herbert.

On 31st December, 1969 there were twelve pupils on the school roll, and during the year there were four entrants (one of whom was a re-admission) and four leavers. Of those leaving two have gone to Watergate School and two (after a part-time trial period) to ordinary infants' schools.

The Screening Panel for the school met three times during the year to consider any new applicants for the school and to review the progress of those children already attending. Reports on each child were received from the Head Teacher, Physiotherapist, Speech Therapist, Educational Psychologist and School Medical Officer.

As from the 22nd July, 1969, a Board of Governors was appointed for the school. This body will also, in the normal course of events, meet once a term.

Mrs. U. Herbert has now returned to duty. Mrs. D. Colton has been appointed as assistant teacher.

It has been noteworthy that, for reasons which have not yet been fully explored, the oldest child in the school (apart from one boy aged 14 years 9 months) is now aged 9 years 5 months, and that the average age of pupils dropped from 9 years 7 months at 31st December, 1967 to 7 years 4 months at 31st December, 1969 and without the special case mentioned above, it would be only 6 years 8 months.

AUDIOLOGY CLINIC

"During the last year the work of the Audiology Clinic has steadily been increasing. A record of audiograms done in school and subsequently in the Clinic in the first half of 1969 showed that the screening level in the schools was satisfactory.

STATISTICS.

Results of Pure-tone Audiometry in Schools.

1st Screening		2nd Screening	
Passed	Failed	Passed	Failed
1300	199	258	199

Audiology Clinic Attendances.

Pre-school and School Children Attendances.

Report to Specialists	...	...	46
Discharge	...	...	195
For Review	...	...	235
Total			476

Considerable stress is laid on the testing of infants and pre-school children since this is a vital stage for diagnosis to ensure early training with language development. The medical officer concerned with the Clinic holds a joint appointment with the County Health Department and the Paediatric Hospital Service thus not only enabling a close co-operation between the departments but also allowing the evaluation of any problem in terms of physical, mental or emotional handicap.

All babies are screened by Health Visitors at nine months but those known to be at high risk are seen in the Clinic. One profoundly deaf baby of deaf parents has been detected this year. Miss Dodds and Mrs. Beer are to be congratulated on their untiring efforts to test this baby under optimum conditions.

During the year we were delighted to welcome Mr. Philip Grimaldi, Ear, Nose and Throat Consultant to the I.W. Group Hospital Management Committee, to the Clinic. He enjoyed a demonstration of hearing tests for the pre-school child. Another link was forged between the Hospital and County Health Service as Mr. Grimaldi expressed his desire to have pre-school children tested in the relaxed atmosphere of the Clinic rather than in the more distracting surroundings of Hospital Outpatients.

We were also visited by Dr. Esther Simpson of the Department of Education and Science who expressed her appreciation of the acoustically treated testing room and we look forward to her continuing interest in the work in the Isle of Wight."

MAUREEN V. BURRAGE, M.B., B.S., D.C.H., D.Obst.R.C.O.G.,
Assistant Paediatrician and Principal Medical Officer.

Hearing-Impaired Children.

I am grateful to Miss J. A. Dodds, M.A., C.T.D., Teacher for the Hearing-Impaired and Audiologist, for the following report :—

"The main feature in the work of the Teacher for the Hearing-Impaired in 1969 has been the large increase of new children coming forward from the regular twice-weekly (occasionally more frequent) sessions of the Audiology Clinic in term-time, following the preliminary Clinics held at the end of 1968 in the new Pyle Street Centre. Extra clerical help from School Health has now followed and is most welcome.

At the start of 1969 there were 63 children listed for educational purposes (teaching, or follow-up of residential children and of children with the least severe losses). Over the year, with 360 new children, and 173 discharged, the list came to 119, with a further 131 under periodic medical review. The list was made up as follows :—

	<i>Teaching</i>		<i>Follow-up</i>		<i>Residential</i>		<i>With Hearing Aids</i>	
	<i>Jan.</i>	<i>Dec.</i>	<i>Jan.</i>	<i>Dec.</i>	<i>Jan.</i>	<i>Dec.</i>	<i>Jan.</i>	<i>Dec.</i>
Pre-school	2	2	8	6	0	0	2	2
Infant	2	2	11	31	1p/h	1p/h	7	3
					1p/s	1p/s		
Junior	3	3	16	41	0	0	5	6
Secondary	0	2	16	29	1d	0	5	5
Further	1	1	1	0	0	0	2	1
	8	10	52	107	1d	1p/h	21	17
			Including uni-lateral only		1p/h	1p/s		
			18	18	1p/s			

(d—deaf ; p/h—partial hearing ; p/s—partially sighted)

The most interesting development on the educational side in 1969 is the result of partnership between parents (the I.W. Deaf Children's Association) and the Authority. By fund raising the Association has contributed to the Technical College's research by Mr. E. St. B. Sydenham and his electronics students, which has resulted in the prototype of an entirely new walkie-talkie hearing aid for children in ordinary schools.

Mr. Sydenham demonstrated his invention to the Special Services Committee at Cowes Secondary School in November, with the co-operation of a partially hearing girl, aged eleven. It was clear how much she enjoyed using the miniature radio receiver, no bigger than a packet of cigarettes, which can be worn like a second hearing-aid, and is linked to the normal hearing aid by a miniature inductance loop. The teacher used a commercial radio-microphone (supplied by the Parents' Association) and her voice was picked up without any of the usual distortion due to distance between the speaker and the listener. The Committee heard tape-recordings of what it feels like to be deaf. Public understanding greatly reduces the difficulties of this invisible handicap—the hearing-impaired child can only "opt in" conversationally if other people help ; otherwise he does not *opt* out, he *is* out of things.

In the Autumn, an Oxford Teacher of Secondary Deaf Children came over to give more specific advice on three severely handicapped children at or near the Secondary stage. It was encouraging to learn that linguistically they are doing as well, if not better than, similarly handicapped children elsewhere. An Oxford scheme provides local tutors for such children to help with subject teaching without undue expenditure of a peripatetic teacher's time, and a similar proposal for Island children of Secondary level is now having a trial period of one year. Many difficulties of the Juniors whom I visit now date back to a lack of pre-school help, and I shall be even more pleased when we can help more at the earliest end, too, by the provision of a Nursery Unit.

Commercial hearing aids provided during the year, include a second powerful Siemens Aid for one very deaf four year-old, so that both ears can be stimulated now that she has learned to use one well. On her two-and-a-half days at Westmont Nursery Class I drop in whenever I can manage so as to take her in a group separately, to teach her and to give know-how in helping her to her small friends—this "buddy method" is very worthwhile, and she is quite a social success ! She now has over twenty-five words and understands much more, which is quite good progress at this stage.

Another commercial aid has gone to a Secondary child with rather special problems ; her very slight high tone loss has deteriorated at a very self conscious stage, so she has been given an ear-level aid which allows the low tones to enter normally, and only amplifies the higher ones—her stammer which was getting a lot worse, has now nearly disappeared with the reduced strain in attention. All school children over seven who use a National Health aid are being fitted with the ear-level version if the loss is not too great.

Of the three residential children, the deaf boy at Burwood Park left the Island at the start of 1970 so that he could obtain further technical training near his parents, having obtained three O levels ; the partially-hearing girl at the Infant stage, is at last gaining a small vocabulary, which is encouraging in view of her accompanying language disorder ; and the young boy at Exeter Partially-Sighted School is turning into a positive chatterbox.

To conclude, I should add that in the Summer I began a series of refresher courses for Health Visitors' screening of pre-school children. Three groups of six have had a set of three lectures and one session of practical work followed by a discussion at a local screening session. Techniques have been revised along the lines of the most recent Manchester methods, which are a stream-lined version of the earlier Ewing or Sheridan procedures."

EYE SERVICES FOR SCHOOL CHILDREN.

Mr. J. M. Elsby, M.B., B.S., D.O., F.R.C.S., Consultant Ophthalmologist reports :—

“The Eye Clinic and the Orthoptic Clinics have now had a full year in the new Health Clinic and have proved most satisfactory to all concerned.

The Clinics in Ryde have remained unchanged.”

Total cases dealt with at both Newport and Ryde Eye Clinics during the year—681.

Orthoptic Clinic.

Miss M. E. Sharland, the Regional Hospital Board's Orthoptist, treats school children under Mr. Elsby's supervision at the Royal Isle of Wight County Hospital, Ryde ; Health Clinic, Pyle Street, Newport ; and Princes Road Clinic, Freshwater.

Details of attendances at these Clinics during the year are given below :—

					<i>Newport Clinic</i>	<i>Ryde Clinic</i>	<i>Freshwater Clinic</i>
Number of Cases :							
Attending regularly 1-1-69					167	192	17
Re-admitted	...	...	...	...	5	6	—
New cases admitted	...	...	...	...	57	87	4
Transferred between Clinics	...	...	...	...	+7	—7	—
Discharged	...	...	...	...	35	54	5
Attending regularly 31-12-69					201	224	16

TREATMENT OF POSTURAL DEFECTS

I am grateful to Mrs. P. D. Watson, M.C.S.P., Remedial Gymnast, part time, for the following report :—

“In January of last year a timetable was issued to the schools and this has been found to work reasonably well, but it still only allows visits on alternate weeks to many of the areas in which children are requiring some form of remedial exercise.

There were 81 new cases referred for treatment during the three school terms of which quite a large percentage were for the treatment of chest conditions—mainly of an asthmatic origin.

Many of the schools visited have either no Medical Room or one of such small dimensions that for the purposes of remedial exercises they are useless and this is very limiting and frustrating. Furthermore where adequate facilities do exist they are not always available for my use.

It is to be hoped that the schools now being built on the Island will have Medical Rooms of a reasonable size included in their plans.”

SCHOOL DENTAL SERVICE

“Although there have been some changes in ancillary staff there were none relating to professional staff. The same complement of four dental officers have now remained in post for ten years. This is quite exceptional and has been of great value in the smooth running of the Service. At the beginning of the Autumn Term the establishment was strengthened by the appointment of a Dental Auxiliary, one of a new class of ancillary worker trained at a special school attached to New Cross Hospital, London. It is expected that this young lady will contribute greatly, not only to the treatment side of our work and especially to that of the younger children, but also in the field of dental health education.

The pattern of inspection and treatment has remained very much as in former years. The children in all schools have been inspected and treatment has been offered when necessary. Where possible it is hoped to re-inspect primary schools within the year and to recall individual children from secondary schools for regular checks.

We continue with our attempts to teach dental health and have once again been helped by a visit of one week's duration by Miss D. Land, the lecturer from the Oral Hygiene Service. This organisation has, over the years, been a very good friend to our Service. Dental Health Education is uphill work. I believe that the great majority of parents are fully aware of the part played by sugar confectionery in the destruction of teeth but that most of them are not prepared to limit or regulate its consumption by their children. They appear to regard any limitation as a deprivation whereas in reality the true deprivation is a loss of dental health.

It is gratifying that the County Council have reaffirmed their approval in principle of the fluoridation of the public water supplies. The results already achieved in those areas which have instituted this measure are a great success and it is my confirmed opinion, shared by the overwhelming majority of doctors and dentists, that, to be realistic, fluoridation is our one hope of bringing dental caries under control.

I wish to thank my staff for the work they have done during the year, the teachers and school secretaries for their co-operation and the Chief Fire Officer and his staff for all their work in connection with the movement and maintenance of the mobile dental clinic."

G. SIMONS,
Principal School Dental Officer.

CHILD GUIDANCE CLINIC
Report of Consultant Psychiatrist.

The total number of children who attended the Clinic during 1969 was 208 (133 boys and 75 girls). Of these 99 were new cases, being referred to Dr. G. D. Knight, Consultant in Child Psychiatry, from the following sources :—

General Practitioners	27
School Medical Officers	19
Paediatrician and Consultants	16
Parents	11
Educational Psychologist	7
Head Teachers	5
Children's Officer	4
Senior School Welfare Officers	4
Health Visitors	3
Probation Officer	2
Speech Therapist	1
	<hr/>
	99

The following figures show that there has been a considerable increase over the years in the number of requests for the services of the Child Guidance Clinic :—

<i>Year</i>	<i>New Cases seen</i>	<i>All Children seen*</i>
1958	14	36
1961	46	76
1963	71	115
1965	92	146
1967	95	156
1968	82	180
1969	99	208

*On one or more occasion

SPEECH THERAPY.

I am indebted to Miss S. F. Cullingford for the following report :—

“For a few months at the beginning of the year the Speech Therapy Service retained the services of two therapists. However, with the resignation of Miss E. A. V. White in February 1969, the Island yet again had only a single therapist.

In order to give maximum efficiency, and to prevent too much change in the timetable, the East Wight timetable remained relatively intact, with the addition that urgent cases needing priority treatment from the West Wight area would come to the Newport Health Clinic.

Other children in the West Wight would await the arrival of another therapist. This timetable was followed until the arrival at the beginning of October of Mrs. T. Lawrence, the new Senior Speech Therapist, who took over the running of the new proposed integrated Speech Therapy Service combining both School Health and Hospital work.

Miss S. Cullingford resigned her post in November, and terminated her service on the Island on 21st December, 1969.”

						<i>Comparative period</i>	
						<i>up to</i>	
<i>Number of Cases :</i>						31/12/68	
Seen for first time	...	...	...	...	113	56	
Admitted for treatment	...	...	...	...	57	38	
Admitted for observation	...	...	...	...	40	18	
Discharged	...	...	...	...	238	53	
On observation list at 31st December, 1969					127	145	
On waiting list at 31st December, 1969	...				7	26	
<i>Number of Appointments :</i>							
Offered	...	...	...	...	2250	2679	
Kept	...	...	...	...	1891	2358	
Absences	...	...	...	...	359	321	
Number of treatment sessions held	...	...	...	...	422	445	
Number of home visits	...	...	...	...	39	40	
Number of school visits	...	...	...	...	80	114	

INFECTIOUS DISEASES

The Child Health Section was notified of the absence of 786 pupils on account of infectious disease by Head Teachers during the year.

Over 60 per cent of the chickenpox cases occurred during the Spring Term and over 80 per cent of both measles and mumps were notified during the Autumn. The total of “other diseases” shown must be interpreted with caution as rapidly increasing absences of both pupils and teachers due to influenza were reported during the final ten days of the Autumn Term. Due to the close proximity of the Christmas holiday, however, full details were not forthcoming.

Reported absences were due to :—

						1969	1968
Measles	...	...	...	...	...	128	110
Mumps	...	...	...	...	...	128	18
Chickenpox	...	...	...	...	...	442	488
German Measles	...	...	...	...	...	30	1765
Whooping Cough	...	...	...	...	...	2	7
Scarlet Fever	...	...	...	...	...	14	10
Other diseases	...	...	...	...	...	42	20

PREVENTION OF TUBERCULOSIS—B.C.G. SCHEME

Heaf testing and, as necessary, B.C.G. vaccination of children approaching 13 years and older continued at the Secondary Schools and four Independent Schools.

A total of 1,266 forms were returned by parents, 73 of these refusing the test and 17 intimating that their child was either already under the surveillance of the Chest Physician or had received B.C.G. protection elsewhere.

Of 1,064 children tested 79 (7.4 per cent) were positive. This compares favourably with the latest published figures for England and Wales :

1967	...	...	13.0 per cent
1968	...	...	11.4 per cent

Fifty per cent of 57 children referred to the Chest Physician were either known, or thought by the parents to have received B.C.G. protection in either infancy or later years.

Nine hundred and thirteen of the 922 found to be negative were vaccinated against tuberculosis and 63 children showing an extremely mild positive reaction will be retested in 1970.

In addition, of 51 children brought forward from 1968 with a similar mild reaction 19 proved to have a degree of natural immunity and 32 received B.C.G.

Sixty-five children who had received B.C.G. protection in infancy or later years were, with parental consent, retested. Eleven of these children were re-vaccinated.

VACCINATION AND IMMUNISATION

The figures for primary vaccinations apply, of course, only to children who had not had their course of injections in infancy. Normally over 90 per cent of Island children have already completed the course.

(i) *Vaccination against Poliomyelitis.*

Throughout the year live oral vaccine has been available for routine vaccination against poliomyelitis. Sixty-two primary and 1,491 reinforcing doses of vaccine were supplied during the year to children born during the years 1953-1965 inclusive.

(ii) *Immunisation against Diphtheria.*

During the year 48 children aged 5-16 years completed a full course of primary immunisation against diphtheria and 2,124 were given a reinforcing injection.

MEDICAL EXAMINATION OF STUDENTS FOR TEACHER TRAINING COLLEGES

Ninety-two entrants to Training Colleges were examined by School Medical Officers and these candidates were placed in the following medical categories as laid down by the Department of Education and Science :—

Category	...	A1	A2	B1	B2	C
Number examined		83	9	Nil	Nil	Nil

There were four new candidates for teaching posts with the Authority ; also twenty-seven "experienced" teachers from other authorities were medically examined prior to entering employment in Island schools and all found fit.

WORK OF THE SCHOOL NURSES

Miss M. G. Morris, Chief Nursing Officer, reports :

"In presenting the work of the School Nurses, acknowledgment is made to the work Miss M. Gibbons did in regard to School Health during her years as County Nursing Officer.

The three School Nurses employed full-time undertake all the preparation of children for routine and follow-up examination by the School Medical Officers. All children have their visual acuity tested, school leavers are tested for colour vision. The School Nurses also conduct routine hygiene inspections at the pre-medical preparation. Pertinent records are kept and presented to the School Medical Officer at the medical inspection. Follow-up visits may be requested by the School Medical Officer ; these are often done by the School Nurse or she may refer the problem to the Health Visitor for the child's family.

Routine B.C.G. vaccination is offered to the thirteen year olds. The test to assess the necessity for the vaccination is the responsibility of the School Nurse, as well as attending and assisting the Medical Officer at the Vaccination Session.

The co-operation between Head Teachers and the School Nurses is good. Head Teachers are able and do contact the School Nurses between their routine visits for problems on hygiene occurring in their schools.

One of the School Nurses co-operates in assisting the Teacher of the Hearing Impaired with hearing tests on certain children as requested by teachers or doctors.

The follow-up of children with eye defects by the Consultant Ophthalmologist in the Health Clinic, Pyle Street, is done by a part-time School Nurse.

Health Education in schools undertaken by the Health Visitors is to be encouraged. Discussions on matters of health in one or two schools took place last year. Weekly talks are given to the pupils of Watergate School.

The following table shows the actual amount of work undertaken by the School Nurses and also School Health Service work carried out by the Health Visitors during the year. Comparative totals for the year 1968 are also shown."

	<i>School Nurses</i>	<i>Health Visitors</i>	<i>Total</i>	1968
Total number of visits to schools	1574	25	1599	1502
Number of follow-up home visits re medical care ...	211	26	237	333
Number of medical inspections attended	442	6	448	456
Number of children weighed and measured	523	—	523	604
Number of visits to schools for cleanliness only ...	223	4	227	166
Number of children examined for uncleanness ...	7043	18	7061	5765
Number of children re-examined for uncleanness ...	487	16	503	295
Number of children found unclean	164	9	173	124
Number of children cleansed by nurse	20	2	22	31
Number of home visits re uncleanness	151	37	188	140
Other members of family found unclean	11	18	29	21
<i>Vision Testing :</i>				
Entrants	3138	—	3138	1816
8-year age group	1455	2	1457	3562
First year secondary pupils	1593	—	1593	1542
School leavers	1083	—	1083	887
Others	2542	—	2542	1880
Total number of children tested for vision	9811	2	9813	9687
Number of children tested for colour vision (all ages)	2036	—	2036	2289

SCHOOL MEALS AND MILK.

Report of the School Meals Organiser—Miss B. E. Welch :—

“A census taken on a normal day in September 1969 gave the following figures :—

(a) Meals :

<i>Pupils</i>				<i>No. in attendance</i>	<i>No. of meals served</i>	<i>Percentage taking meals</i>	
						1968	1969
Primary	...	...	...	7983	5934	71.9	74.3
Secondary		...	...	5662	3720	67.7	65.7
Total				13645	9654	70.2	70.7

(b) Milk :

<i>Pupils</i>				<i>No. in attendance</i>	<i>No. taking milk</i>	<i>Percentage taking milk</i>
<i>Maintained only :</i>						
Primary	...	...	...	7983	7105	89.0
Secondary Special		...	...	59	55	93.2
Total				8042	7160	89.1

APPENDIX I.

SCHOOL MEDICAL INSPECTIONS AND TREATMENT: STATISTICAL TABLES.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS DURING THE YEAR ENDED 31st DECEMBER, 1969.

Table A—Periodic Medical Inspections

Age groups inspected (by year of birth)	No. of pupils inspected	Physical condition of pupils inspected		Pupils found to require treatment (excluding dental disease and infestation with vermin)		
		Satisfactory	Unsatisfactory	For defective vision (excluding squint)	For any other condition recorded at Appendix II	Total individual pupils
1965 and later ...	43	43	—	—	3	3
1964 ...	1292	1292	—	16	98	108
1963 ...	150	150	—	3	15	16
1962 ...	70	70	—	1	2	3
1961 ...	77	77	—	1	8	9
1960 ...	71	71	—	2	4	6
1959 ...	50	50	—	—	2	2
1958 ...	830	829	1	8	22	29
1957 ...	381	381	—	6	3	9
1956 ...	76	76	—	—	3	3
1955 ...	57	57	—	—	1	1
1954 and earlier	1254	1254	—	8	40	47
Total ...	4351	4350	1	45	201	236

Percentage of total pupils inspected whose physical condition was :
Satisfactory 99.98% ; Unsatisfactory 0.02%.

Table B—Other Inspections

Number of Special Inspections (i.e. Inspections carried out at the request of a parent, doctor, nurse, teacher or other person)	57
Number of Re-inspections (i.e. Inspections arising out of one of the periodic medical inspections or out of a special inspection)	1545

Table C—Infestation with Vermin

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	7061
(b) Total number of individual pupils found to be infested	173
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	None
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	None

APPENDIX II

TABLES A AND B—DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

Defect or Disease	PERIODIC INSPECTIONS																SPECIAL INSPECTIONS			
	ENTRANTS—1935 No. of Defects				LEAVERS—1254 No. of Defects				OTHERS—1762 No. of Defects				TOTAL—4351 No. of Defects				TOTAL—57 No. of Defects			
	Requiring Treatment	Incidence per 1,000	Requiring Observation	Incidence per 1,000	Requiring Treatment	Incidence per 1,000	Requiring Observation	Incidence per 1,000	Requiring Treatment	Incidence per 1,000	Requiring Observation	Incidence per 1,000	Requiring Treatment	Incidence per 1,000	Requiring Observation	Incidence per 1,000	Requiring Treatment	Incidence per 1,000	Requiring Observation	Incidence per 1,000
Skin	20	14.9	50	37.5	8	6.4	42	33.5	10	5.7	39	22.1	38	8.7	131	30.1	—	—	—	—
Eyes : (a) Vision ...	18	13.5	54	40.4	9	7.1	13	10.4	23	13.0	29	16.5	50	11.5	96	22.1	—	—	1	17.5
(b) Squint	21	15.7	12	8.9	—	—	—	—	2	1.1	4	2.3	23	5.3	16	3.7	—	—	—	—
(c) Other	5	3.7	9	6.7	—	—	2	1.6	1	0.6	1	0.6	6	1.4	12	2.8	—	—	—	—
Ears : (a) Hearing	6	4.5	85	63.7	—	—	11	8.8	3	1.7	26	14.7	9	2.1	122	28.0	—	—	4	70.2
(b) Otitis Media	4	2.9	33	24.7	—	—	—	—	1	0.6	3	1.7	5	1.1	36	8.3	—	—	—	—
(c) Other	—	—	8	5.9	—	—	3	2.4	—	—	—	—	—	—	11	2.5	—	—	—	—
Nose and Throat	11	8.2	127	95.1	3	2.4	14	11.2	4	2.3	34	19.3	18	4.1	175	40.2	1	17.5	1	17.5
Speech	27	20.2	33	24.7	2	1.6	1	0.8	2	1.1	2	1.1	31	7.1	36	8.3	5	87.7	1	17.5
Lymphatic Glands	—	—	7	5.2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Heart	2	1.5	11	8.2	—	—	3	2.4	1	0.6	6	3.4	3	0.7	20	4.6	—	—	—	—
Lungs	11	8.2	39	29.2	—	—	2	1.6	1	0.6	9	5.1	12	2.8	50	11.5	—	—	—	—
Developmental : (a) Hernia	—	—	5	3.7	—	—	1	0.8	—	—	3	1.7	—	—	9	2.1	—	—	—	—
(b) Other	3	2.2	27	20.2	—	—	3	2.4	6	3.4	35	19.9	9	2.1	67	15.4	—	—	—	—
Orthopaedic : (a) Posture	—	—	2	1.5	9	7.1	10	7.9	5	2.8	9	5.1	14	3.2	21	4.8	—	—	—	—
(b) Feet	8	5.9	51	38.2	2	1.6	10	7.9	2	1.1	24	13.6	12	2.8	85	19.5	4	70.2	—	—
(c) Other	10	7.5	52	38.9	11	8.8	22	17.5	7	3.9	35	19.9	28	6.4	109	25.1	—	—	—	—
Nervous System : (a) Epilepsy	1	0.7	5	3.7	—	—	—	—	—	—	2	1.1	1	0.2	7	1.6	—	—	—	—
(b) Other	1	0.7	19	14.2	2	1.6	3	2.4	—	—	9	5.1	3	0.7	31	7.1	—	—	1	17.5
Psychological : (a) Development	2	1.5	65	48.6	—	—	3	2.4	1	0.6	10	5.7	3	0.7	78	17.9	—	—	1	17.5
(b) Stability	1	0.7	22	16.5	—	—	7	5.6	2	1.1	116	65.8	3	0.7	145	33.3	1	17.5	—	—
Abdomen	—	—	7	5.2	—	—	6	4.8	—	—	2	1.1	—	—	15	3.4	—	—	—	—
Other	—	—	95	71.2	—	—	11	8.8	1	0.6	16	9.0	—	—	122	28.0	1	17.5	—	—

APPENDIX III TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS

Table A—Eye Diseases, Defective Vision and Squint

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint ...	—
Errors of refraction (including squint)	681
Total	681
Number of pupils for whom spectacles were prescribed ...	319

Table B—Diseases and Defects of Ear, Nose and Throat

	<i>Number of cases known to have been dealt with</i>
Received operative treatment :—	
For diseases of the ear	17
For adenoids and chronic tonsillitis	54
For other nose and throat conditions	41
Received other forms of treatment	447
Total	559
Total number of pupils in schools who are known to have been provided with hearing aids :—	
In 1969	1
In previous years	17

Table C—Orthopaedic and Postural Defects

	<i>Number of cases known to have been dealt with</i>
Pupils treated at clinics or out-patients departments	501
Pupils treated at school for postural defects	24
Total	525

Table D—Diseases of the Skin
(excluding uncleanliness, for which see Table C of Appendix I)

	<i>Number of cases known to have been treated</i>
Ringworm : (a) Scalp	1
(b) Body	6
Scabies	—
Impetigo	—
Other skin diseases	192
Total	199

Table E—Child Guidance Treatment

					<i>Number of cases known to have been treated</i>
Pupils treated at Child Guidance Clinics	...	...	...	...	213

Table F—Speech Therapy

					<i>Number of cases known to have been treated</i>
Pupils treated by Speech Therapists	...	...	...	...	184

Table G—Other Treatment Given

					<i>Number of cases known to have been treated</i>
Pupils with minor ailments	...	...	...	...	1596
Pupils who received convalescent treatment under School Health Service arrangements	...	...	...	...	—
Pupils who received B.C.G. vaccination	...	...	...	...	945
Other treatment	...	...	...	...	—
Total				...	2541

APPENDIX IV
DENTAL INSPECTION AND TREATMENT
(Carried out by the Authority)

	<i>Ages</i> 5 to 9	<i>Ages</i> 10 to 14	<i>Ages</i> 15 and <i>over</i>	<i>Total</i>
Attendances and Treatment :				
First visit	1775	1297	367	3439
Subsequent visits	1429	1895	562	3886
Total visits	3204	3192	929	7325
Additional courses of treatment commenced ...	237	131	47	415
Fillings in permanent teeth	1291	3000	1107	5398
Fillings in deciduous teeth	1814	122	—	1936
Permanent teeth filled	1116	2635	965	4716
Deciduous teeth filled	1750	117	—	1867
Permanent teeth extracted	54	305	61	420
Deciduous teeth extracted	1190	312	—	1502
General anaesthetics	1	—	—	1
Emergencies	186	80	13	279
Number of pupils X-rayed	179			
Prophylaxis	576			
Teeth otherwise conserved	637			
Number of teeth root filled	53			
Inlays	—			
Crowns	5			
Courses of treatment completed ...	3312			
Orthodontics :				
Cases remaining from previous year	63			
New cases commenced during year	41			
Cases completed during year ...	33			
Cases discontinued during year ...	5			
No. of removable appliances fitted	52			
No. of fixed appliances fitted ...	—			
Pupils referred to Hospital Consultant	13			
	<i>5 to 9</i>	<i>10 to 14</i>	<i>15 and over</i>	<i>Total</i>
Prosthetics :				
Pupils supplied with F.U. or F.L. (first time) ...	—	—	—	—
Pupils supplied with other dentures (first time)	—	2	3	5
Number of dentures supplied	—	3	3	6
Anaesthetics :				
General Anaesthetics administered by Dental Officers—Nil				
Inspections :				
(a) First inspection at school (number of pupils) ...	...	...	...	11973
(b) First inspection at clinic (number of pupils) ...	...	...	...	733
Number of (a) plus (b) found to require treatment	...	...	...	5447
Number of (a) plus (b) offered treatment ...	...	...	...	4449
(c) Pupils re-inspected at school or clinic ...	...	...	...	846
Number of (c) found to require treatment	...	...	...	487
Sessions :				
Sessions devoted to treatment	1315			
Sessions devoted to inspection	124			
Sessions devoted to Dental Health Education ...	56			

APPENDIX V.
PRINCIPAL SCHOOL CLINICS.

The following table shows the location of the authority's principal School Clinics. Details of the year's work at these will be found in the individual reports of the officers concerned.

The Orthoptic and Ophthalmic Clinic services are provided under arrangements with the Regional Hospital Board.

The figures in the Table relate to the number of sessions held weekly as at 31st December, 1969.

<i>Name and Address of Clinic</i>	<i>Audio- logy</i>	<i>Dental</i>	<i>Remedial Exercise</i>	<i>Child Guidance</i>	<i>Speech Therapy</i>	<i>Orth- optic</i>	<i>Ophthal- mic</i>
NEWPORT— Health Clinic, Lower Pyle Street Forest Side School and Spastic Treatment Centre ...	6	Permanent	1	6	2 1	3	1
RYDE— Well Street Caversham House, Dover Street		Permanent Permanent	1				
COWES— Health Centre, Consort Road		Permanent			1		
SANDOWN-SHANKLIN— Lake Clinic		Permanent			1		
WEST WIGHT— Nurses' Institute, Princes Road, Freshwater						1	

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